



**AMERICANS WITH DISABILITIES ACT  
COMPLAINT FORM**

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits. Please send this form to: George F. du Pont, ADA Coordinator, Javits Center, 655 West 34th Street, New York, NY 10001-1188 or [gdupont@javitscenter.com](mailto:gdupont@javitscenter.com) or by using the link on our website.

**1. Your Information**

Name:

Address:

Phone:

Email:

**2. Your claim is against**

Company / Entity:

Name of Individual:

Title:

Address:

Phone:

**3. Location(s) and date(s) of the circumstances giving rise to your complaint:**

**4. Are the circumstances of your complaint continuing?**

Yes

No

5. Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.

6. (a) Have you filed a claim regarding this complaint with a federal, state or local government agency?

Yes             No

(b) Have you hired an attorney with respect to the allegations in the complaint?

Yes             No

(c) Have you instituted a legal suit or court action regarding this complaint?

Yes             No

7. This complaint form was completed by the:

ADA Coordinator             Complainant

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_