



Hudson River Park Trust  
353 West Street  
Pier 40, 2nd Floor  
New York, NY 10014  
P 212.627.2020  
F 212.627.9224

[hudsonriverpark.org](http://hudsonriverpark.org)

## 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 submit this form by mail to the Director of Human Resources, Hudson River Park Trust, 353 West Street, 2<sup>nd</sup> Floor, New York, New York 10014, or by email to [accessibility@hrpt.ny.gov](mailto:accessibility@hrpt.ny.gov).

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_ Home \_\_\_\_\_  
Phone: Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

1. Your claim is made against:

State Agency:

Name:

Title:

Address:

Phone:

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

Are the circumstances of your complaint continuing?

