

TOWN OF HAMBURG

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Supervisor
CATHERINE A. RYBCZYNSKI

Town Attorney
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Councilmembers
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FRANK M. BOGULSKI
MEGAN A. COMERFORD

Town Clerk
BRAD RYBCZYNSKI

Supt. of Highways
EDWARD S. HUGHES

TOWN OF HAMBURG ADA COMPLAINT FORM **TITLE II OF THE AMERICANS WITH DISABILITIES ACT**

COMPLAINT FORM

First Name: _____

Last Name: _____

Mailing Address: _____

State: _____

Zip Code: _____

Email: _____

Phone Number (with area code): _____

Preferred Method of Contact

Email: _____

Phone: _____

Mail: _____

Alternate Format Requested: _____

Are You Filing the Complaint On Your Behalf?

Yes: _____

No: _____

Date and Time of Alleged Discrimination: _____

Location of Incident: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses:

Your Signature or Signature of Your Representative (below):

Signature: _____

Representative
Signature: _____

Date: _____

Please mail or email the completed ADA form to:
Town of Hamburg, New York
ADA Complaint
6100 South Park Avenue
Hamburg, New York 14075

Or

Adacomplaint@townofhamburgny.gov