

**New York City Department of Parks & Recreation**  
**ADA Complaint Reporting Procedure and Forms for Patrons and Visitors**

Complaints should be addressed to the EEO Officer, who has been designated to coordinate ADA compliance efforts.

1. A complaint should be filed in writing, contain the name and address of the person filing it, and briefly describe the alleged violation of the regulations.
2. A complaint should be filed within sixty (60) calendar days after the complainant becomes aware of the alleged violation.
3. An investigation, as may be appropriate, shall follow the filing of a complaint. The investigation shall be informal but thorough and afford all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued and forwarded to the complainant no later than thirty (30) calendar days after its filing.
5. The complainant can request a reconsideration of the case in instances of dissatisfaction with the resolution. The request for reconsideration should be made within ten (10) calendar days.
6. The ADA coordinator shall maintain the files and records relating to the complaints filed.
7. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by nor shall the use of this procedure be a prerequisite to the pursuit of other remedies.
8. Other remedies include the filing of an ADA complaint with the Department of the Interior: Office for Equal Opportunity, Office of the Secretary, Department of the Interior, 18th & C Streets, N.W., Washington, D.C. 20547.

**n.b.** Disabled Park employees may file employment-related discrimination complaints through the existing Parks complaint procedure.

Ricardo Granderson, EEO Officer  
Arsenal North  
1234 Fifth Avenue – room 249  
New York, N.Y. 10029  
212-360-2782  
ricardo.granderson@parks.nyc.gov

**NYC Parks & Recreation Patron and Visitor ADA Complaint Form**

Date of Visit: \_\_\_\_\_

Person completing form (*check one*):  Complainant  Authorized Representative

Name: \_\_\_\_\_

Telephone #: (\_\_\_\_)- \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLEGED VIOLATIONS**

Describe the circumstances and the specific location, i.e. park name/location, that prompted your specific ADA complaint. Please be specific and provide details (attach additional pages if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUESTED ACTION**

Please describe the accommodation or request that would help to provide you with greater access to our facilities, programs or services.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date