

Public Complaint/Grievance Form

**CITY OF SARATOGA SPRINGS ADA COMPLAINT/GRIEVANCE FORM
FOR PEDESTRIAN FACILITIES WITHIN THE CITY'S PUBLIC RIGHT-OF-WAY**

This form is for requesting that the City of Saratoga Springs review an existing public pedestrian facility as it relates to ADA compliance or to analyze the need for a new ADA compliant public pedestrian facility within the City of Saratoga Springs's public right-of-way.

Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Description of ADA grievance (please be as detailed as possible):

Suggestions:

All complaints and/or questions regarding accessibility of any public buildings or pedestrian facilities within the right-of-way of the City of Saratoga Springs should be directed to the designated official below, who is also responsible for implementation of the plan.

Title: City Attorney

Telephone: (518) 587-3550

Fax Number: (518) 5871688

Mailing Address: City Attorney's Office, 474 Broadway Suite 21, Saratoga Springs NY 12866

For Office Use Only

Date of Response: _____ **Action Taken:** _____