

## **Grievance Procedure under the Americans with Disabilities Act**

This grievance procedure may be used by anyone who wishes to file a grievance alleging discrimination by the New York City Department of Housing Preservation and Development (HPD) on the basis of disability in the provision of services, activities, programs or benefits.

The grievance should be in writing and contain information about the alleged discrimination such as the name, address, and telephone number of the grievant, as well as the location, date, and description of the complaint or alleged violation of the ADA. Use the **Complaint Form** below, or alternative means of filing grievances may be made available for persons with disabilities upon request to: [Accessibility@hpd.nyc.gov](mailto:Accessibility@hpd.nyc.gov).

The grievance should be submitted as soon as possible, but no later than sixty (60) calendar days after the date of the alleged violation to:

**Nichole Grant Willis, Accessibility/Disability Services and Policy  
Advisor  
NYC Department of Housing Preservation and Development  
100 Gold St., 5<sup>th</sup> Floor New York, NY 10038 | Email: [Accessibility@hpd.nyc.gov](mailto:Accessibility@hpd.nyc.gov)**

Within fifteen (15) calendar days after receipt of the grievance, the Disability Service Facilitator (or his or her designee) will contact the grievant to discuss the grievance and any possible resolutions. Within fifteen (15) calendar days of this contact with the grievant, the Disability Service Facilitator or his or her designee will respond in writing or, where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio recording. This response will explain HPD's position and offer options for substantive resolution of the grievance, where applicable.

The grievant or their designee may appeal the agency's decision within fifteen (15) calendar days after date of the decision, by mail to:

**Executive Deputy Commissioner  
NYC Department of Housing Preservation & Development  
100 Gold Street, 5th Floor, New York, NY 10038 | [DEI@hpd.nyc.gov](mailto:DEI@hpd.nyc.gov)**

The appeal should be submitted in writing explaining the disagreement with the agency's decision. Alternative means of filing an appeal may be made available for persons with disabilities upon request to: [Accessibility@hpd.nyc.gov](mailto:Accessibility@hpd.nyc.gov).

Within sixty (60) calendar days after receipt of the appeal, the Executive Deputy Commissioner or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All responses by HPD will be in writing or, where appropriate, in a format accessible to the grievant. All written grievances, appeals, and responses received in connection with a grievance made to HPD, will be retained for at least three (3) years.

# 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 to the Disability Service Facilitator, Nichole Grant Willis, NYC Department of Housing Preservation and Development. You will find contact information for Nichole Grant Willis above. Resources for people with disabilities can be found at: [nyc.gov/hpd/accessibility](https://nyc.gov/hpd/accessibility).

## **Complainant Information**

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

## **Complaint**

1. Your claim against the NYC Department of Housing Preservation & Development:

Address of Location Involved: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Employee Involved: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Are the circumstances of your complaint continuing?

Yes     No

