UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

Plaintiff(s)	)	**Civil Case No.:**
vs.	)	**COMPLAINT PURSUANT TO THE AMERICANS WITH DISABILITIES ACT**
Defendant(s)	)	

Plaintiff(s) demand(s) a trial by: ____ JURY ____ COURT (Select **only** one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking judgment, relief and/or damages brought pursuant to the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.,* as amended, for discrimination based upon a disability and the failure to accommodate same. This Court has jurisdiction of this action pursuant to 28 U.S.C. §§ 1331 and 1343(4).

PARTIES

2. a. Plaintiff: _____

Address: _____

_____

_____

b. Plaintiff: _____

Address: _____

_____

_____

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: _____

Official Position: _____

Address: _____

_____

_____

b. Defendant: _____

Official Position: _____

Address: _____

_____

_____

Additional Defendants may be added on a separate sheet of paper.

4. My disability is as follows:

_____

_____

_____

_____

_____

_____

_____

_____

5. The conduct complained of in this action involves:
(Check all that apply)

(A) ☐ Failure to employ.

(B) ☐ Termination of employment.

(C) ☐ Denial of participation in public service or program.

(D) ☐ Failure to make alterations to accommodate disability.

(E) ☐ Retaliation.

(F) ☐ Other acts as specified below:

_____

_____

_____

6. **FACTS**

On the following page, set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

You may use additional sheets as necessary.

_____

_____

_____

_____

_____

_____

7. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

_____

_____

_____

_____

_____

_____

I declare under penalty of perjury that the foregoing is true and correct.

DATED: _____

_____

_____
Signature of Plaintiff(s)
(all Plaintiffs must sign)