

East Hampton Town and Village Disabilities Advisory Board



Americans with Disabilities Issue Referral Form

This form has been developed to address accessibility concerns as part of a process that is designed to be formal but user friendly and simple. Any issue or concern you have can be addressed in any of the following ways:

1. You can call us – if you don't know who to call, don't be concerned – our process is designed for open access and referral.

East Hampton Town Department of Human Services – Director Edna Steck, 631-329-6939

East Hampton Village Department of Code Enforcement - Officers Tom Lawrence and Dan Reichl, 631-324-4150

2. You can email us:

East Hampton Town Department of Human Services – Director Edna Steck -
esteck@town.east-hampton.ny.us

East Hampton Village Department of Code Enforcement:
Officer Tom Lawrence – tlawrence@easthamptonvillage.org
Officer Dan Reichl - dreichl@easthamptonvillage.org

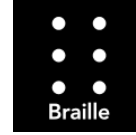
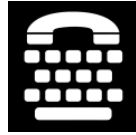
3. You can visit us at our offices:

East Hampton Town Department of Human Services – Director Edna Steck
300 Pantigo Place, Suite 104, East Hampton, NY 11937 or
128 Springs Fireplace Road, East Hampton, NY 11937

East Hampton Village Department of Code Enforcement – Officers Lawrence & Reichl
86 Main Street, East Hampton, NY 11937

4. You can send us your concerns via U.S. Mail at the addresses listed above.

You should know that we are collectively committed to compliance and accessibility for all. We appreciate you taking the time to raise an issue and focus our attention on a particular concern.



East Hampton Town and Village Disabilities Advisory Board



Americans with Disabilities Issue Referral Form

Instructions for Use

The first section (or block) is for office staff use – please do not write in it.

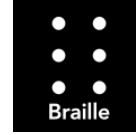
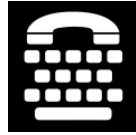
The second section or block (labeled “Contact Information”) gives us the information we need to let you know the resolution of your issue. Please let us know the best way to reach you and if you have any preferences (i.e., best to call after 6:00 p.m.). While this information is part of a formal process that is a public record (which means it is available to the general public – which in turn means it is possible that the owner or operator of a public accommodation that you are raising a concern with has the right to know their “accuser”), your contacting us does not make you the actual “complainant”, in that you are simply raising a concern that the most appropriate authority having jurisdiction will investigate. In short, we will be the “complainant” – not you.

The third section or block (labeled “Issue Information”) gives us the location of the issue or concern. Please give us the location of the issue or concern – as much as you know, and if you don’t know, just leave it blank.

The fourth section or block gives us a description of the issue or concern. Please describe your issue/concern as best you can, and please feel free to attach any additional written information, sketches or photographs you feel appropriate.

The fifth and sixth sections or blocks (labeled “Action(s) Taken” and “Disposition”) are for office staff use – please do not write in them.

We thank you for your concern, time and effort. We will review your issue in a timely fashion and the appropriate authority will advise you of the outcome as soon as possible and as is appropriate.



East Hampton Town and Village
Disabilities Advisory Board



Americans with Disabilities Issue Referral Form

Please Do Not Write in this section (to be completed by Office Staff)

Date Received: ___/___/___ Received By: _____

Received by: Phone Mail In Person via email

Contact Information:

Name: _____ Phone: _____

Address: _____ Mailing Address: _____

City/State/Zip _____ email: _____

Issue Information:

Location: _____ Building No. _____ Street: _____

Village of East Hampton Amagansett East Hampton

Montauk Springs Wainscott

Description of Issue: _____

Action(s) Taken:

Investigated on ___/___/___ by _____ Not Investigated

Referred to: East Hampton Village Code Enforcement E.H. Town Code Enforcement

E.H. Town Building Department E.H. Town Fire Marshal

Please note that a copy of this form must be filed with the Department of Human Services – fax to 631-329-6693

Disposition:

Officer: _____ Date: ___/___/___