

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
ALBANY, NEW YORK

REQUEST FOR COMPLIANCE

Fair Hearing #	_____	Agency	_____
Hearing Date	_____	Case #	_____
Decision Date	_____		
Name	_____	Representative	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Phone #	_____	Phone #	_____

If you do not feel that the local social services Agency has complied with your fair hearing decision, state the reason below and return this entire form to the address indicated below:

New York State Office of Temporary and Disability Assistance
Office of Administrative Hearings
Compliance Unit
P.O. Box 1930
Albany, NY 12201-1930
Phone: (800) 342-3334
Fax: (518) 473-6735

Please be as specific as you can in describing what action has not been complied with or what benefits have not been provided - giving dollar amounts and dates where possible.

I do not feel that the local social services Agency has complied with my decision because:

If your issue involves SNAP, the following policy applies as means of seeking to have any concerns you may have that decisions may have been inappropriately made based on the protected bases noted.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). (Continued on next page)

Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Be sure to include a phone number where you can be reached in the space below:

Signature

Phone Number

Date