

ADA Complaint Form

1

| | | | |
|--------------------------------------------------------|------|-------------------------------|------------|
| Last Name | | Middle Initial | First Name |
| Street Address | City | State | Zip Code |
| Telephone Number (including area code) | | Best time to call this number | |
| 2 nd Telephone Number (including area code) | | Best time to call this number | |
| e-mail address | | | |

2

Please Provide a complete description of the specific issue(s) you believe inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation)

3

Please provide a specific location(s) of the ADA issues prompting this complaint

4

Date when the ADA non-compliance occurred / was noted

5 Please state as specifically as possible what you think should be done to resolve the complaint

Signature

Date

Mail Completed Complaint Form to:

Oklahoma Department of Transportation
200 N.E. 21st Street
Oklahoma City, Oklahoma 73105-3204
Attn: Title II Coordinator

For Agency Use Only:

Date Complaint was received

Date Complaint investigated

Results of Investigation (attach supporting documentation or photographs)

Date Complainant Contacted

Method of Contact

- Phone
- Letter
- Personal Visit

Complaint Resolved?

- Yes
- No (forward to Civil Rights Division for review)