



Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Accessibility Complaint Form

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Iowa Department of Transportation (Iowa DOT) or a local public agency in Iowa when it is related to vehicular or pedestrian transportation. The Iowa DOT's Personnel Policy governs employment-related complaints of disability discrimination.

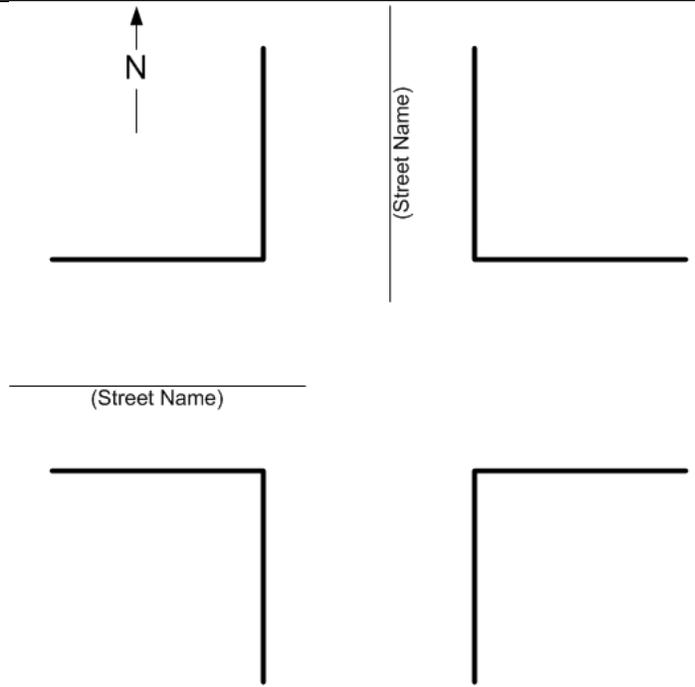
Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Iowa DOT Office of Employee Services – Civil Rights at (515) 239-1921.

Complainant		
Last Name	First Name	
Mailing Address	City/State	Zip Code
Telephone (available between 8:00 am and 4:00 pm Mon - Fri)	Email Address	
Person Discriminated Against (if other than complainant)		
Last Name _____ First Name _____		
Address _____		
City _____ State _____ Zip Code _____		
Government, organization, or institute that you believe discriminated against you:		
Name _____ Address _____		
City _____ County _____ State _____ Zip Code _____		
Telephone Number _____		
Date discrimination occurred _____		

Describe the acts of discrimination including the name(s), if possible, of the individual(s) who discriminated against you (use additional pages if necessary):

If applicable, what is the location of the non-accessible feature?

Please provide comments, suggestions, or other information that may assist us in providing a better service to you:



Please mark with an "X" on the above diagram the location(s) where you believe there is a curb ramp issue.

If applicable, description and exact location of non-accessible feature:

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? Yes ___ No ___ If yes, what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local Civil Rights Agency or Court?

Agency/Court _____ Contact Name _____

City _____ County _____ State _____ Zip Code _____

Date Filed _____ Telephone Number _____ Status:

Do you intend to file with another agency or court? Yes _____ No _____ If yes, which agency or court?

Additional comments

Complainant Signature

Date

Mail completed form to: Iowa Department of Transportation
Office of Employee Services – Civil Rights
ADA Coordinator
800 Lincoln Way
Ames, Iowa 50011

Or

Fax to: 515-239-1175
Email: walter.reed@dot.iowa.gov

For Official Use Only

Date Complaint Received: _____

Referred to: _____ Division _____

Date Referred: _____