Michigan Department
of Transportation
2079 (10/17)

ADA COMPLAINT FORM

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with the Michigan Department of Transportation for alleged violations of ADA. **If you need assistance completing this form, please contact us by phone at 517-241-4424 or TTY through the Michigan Relay Center at 800-649-3777 or dial 711**.

NAME	PHONE NO.	ALTERNATE PHONE NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS	DATE	

PREFERRED METHOD OF CONTACT

☐ Email ☐ Phone ☐ Mail

PROVIDE A DETAILED EXPLANATION OF THE ACCESSIBILITY BARRIER OR DISCRIMINATION

SELECT EACH OF THE FOLLOWING THAT ARE APPLICABLE TO THE ACCESS BARRIER OR DISCRIMINATION COMPLAINT

☐ Public Rights-of-Way ☐ Program ☐ Service ☐ Activity

PROVIDE A SOLUTION TO THE COMPLAINT

HAS ANY OTHER AGENCY BEEN CONTACTED REGARDING THIS REQUEST?

☐ Yes ☐ No

IF YES, WHAT AGENCY OR AGENCIES DID YOU CONTACT?

IF YOU SPOKE TO AN AGENCY OR AGENCIES, WHO WERE THE AGENTS YOU SPOKE WITH?

SIGNATURE	DATE

The laws enforced by this department prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form please contact:

Michigan Department of Transportation-Office of Business Development
ADA/504 Coordinator
425 West Ottawa Street
P.O. Box 30050
Lansing, Michigan 48933
Phone: 517-241-4424
Fax: 517-335-0945
TTY: 800-649-3777 or dial 711
Email: mdot-ada@michigan.gov