

## ADA COMPLAINT APPEAL 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 appeal a complaint filed 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.**

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|---|--|---------------------|
| NAME  | PHONE NO.  | ALTERNATE PHONE NO. |
| ADDRESS   |  |                     |
| CITY  | STATE  | ZIP CODE            |
| EMAIL ADDRESS   | DATE   |                     |
| PREFERRED METHOD OF CONTACT<br>Email                      Phone                      Mail     |  |                     |
| DATE OF MDOT LETTER PROVIDING NOTICE OF FINDING   | COMPLAINT REFERENCE NO. PROVIDED ON MDOT NOTICE LETTER |                     |
| EXPLAIN THE REASON(S) FOR YOUR APPEAL. INCLUDE REASON(S) FOR DISAGREEMENT WITH MDOT FINDINGS. |  |                     |
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| SIGNATURE   | DATE   |                     |

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](mailto:mdot-ada@michigan.gov)