



ADA Complaint Form

Rev. 1/2025

Missouri Department of Transportation Business Development and Compliance Division

The Missouri Department of Transportation (MoDOT) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of ability as provided by the Americans with Disabilities Act (ADA) of 1990. ADA complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (573)526-2978. Return the completed form to: MoDOT Business Development and Compliance Division, Title VI Coordinator, P.O. Box 270, Jefferson City, Missouri 65102-0270 or to ADA@modot.mo.gov

Name:
Street Address, City, State and Zip:
Phone Number & Email Address:
Alternate Phone Number:
Name of person(s) discriminated against <u>(if someone other than complainant)</u>:
Street Address, City, State and Zip:
Phone Number & Email Address:
Alternate Phone Number:

I believe that the discrimination I experienced was based on (check all that apply)

- Accessibility issue
- Discrimination based on disability
- Other:

ACCESSIBLE FORMATS: This document is available in accessible formats upon request. To obtain paper copies of this complaint form as well as information regarding these accessible formats, call MoDOT's Small Business & Compliance Division at (573)526-2978. Individuals with hearing impairments may contact the Missouri Relay Service at (800)735-2966 for assistance with the call.



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Date of Incident:

Where did the alleged discrimination take place?

Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Please also include any pictures, maps, or other material that may be useful in the investigation of this complaint. *Use the back of this form or separate pages if additional space is required.*



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Please list any and all witnesses' names and phone numbers/contact information.

What type of corrective action would you like to see taken?



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Have you filed a complaint with any other federal, state or local agency/ agencies/ court(s)?

Yes

No

If so, please list the agencies in which you filed a complaint and provide their contact information:

Agency:
Contact Person:
Street Address, City, State and Zip:
Phone Number & Email Address:
Agency:
Contact Person:
Street Address, City, State and Zip:
Phone Number & Email Address:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature **Date**

Print Name of Complainant **Date**