



# ADA Complaint Form

Rev. 08/2019

## Missouri Department of Transportation External Civil Rights 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)751-2806. Return the completed form to: MoDOT External Civil Rights Division, Title VI Coordinator, P.O. Box 270, Jefferson City, Missouri 65102-0270 or to Zainab.Jasim@modot.mo.gov

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

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

- Accessibility issue
- Discrimination based on disability
- Other: \_\_\_\_\_





# ADA Complaint Form

Rev. 08/2019

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

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

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:

<b>Agency:</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Agency:</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>



# ADA Complaint Form

Rev. 08/2019

*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**