STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION

OFFICE OF EQUAL OPPORTUNITY & DIVERSITY

**ADA/504 COMPLAINT FORM**

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLAINANT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Name: | Race: | Sex |
| Street Address: |
| City: | State | Zip Code |
| Home Phone: | Cell Phone: | Work Phone: |

**RESPONDENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the complaint against CTDOT? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this the first time you are complaining about this issue? Yes \_\_\_\_\_ No \_\_\_\_

If no, date of prior complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLAINT DETAILS (Attach additional sheets if necessary):**

Signature of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Referred to FHWA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Anyone requiring an alternative format for filing a complaint should contact the Office of Equal Opportunity & Diversity at (860) 594-2211 or Fax: (860) 594-3060.