

AMERICANS WITH DISABILITIES ACT - FTA COMPLAINT FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email ODOT-ada-titlevi@odot.org.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____



Oklahoma Department of Transportation
Civil Rights Division
200 N.E. 21st Street, Room 1-C1
Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-4895
Email: ODOT-ada-titlevi@odot.org

Public Transit Provider Information:

Check the category box that your complaint relates to:

Discrimination Other

Please provide a detailed description of the alleged incident. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be signed and submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form, please contact the ADA Coordinator at 405-521-4140.

Signature

Date