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: __________________________

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.

________________________________________________________________________
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Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

☐ Yes    ☐ No

If so, please provide the following information:

Agency Name: ____________________________________________________________
Address: ________________________________________________________________
Name of Investigator: _____________________________________________________
Phone Number: __________________________________________________________
Email Address: __________________________________________________________
Date Filed: ______________________________________________________________
Status of Complaint: _____________________________________________________
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