REASONABLE ACCOMMODATION REQUEST 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: ___________________

Type(s) of Disability(ies):

☐ Speech ☐ Hearing ☐ Visual

☐ Mobility ☐ Mental / Emotional ☐ Other: ___________________

1. Nature and/or cause of disability: ____________________________________________
   ____________________________________________
   ____________________________________________

2. What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s). ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

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
3. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? ____________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

4. What limitation(s) are interfering with your ability to perform your job or access an employment benefit? ____________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

5. How do these limitations affect you and/or your job performance? ________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

6. What specific job tasks are problematic as a result of these limitations? ________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

7. If you are requesting a specific accommodation, how will that accommodation assist you? ____________________________________________________________
__________________________________________________________
__________________________________________________________
Please attach and/or provide any additional information that might be useful in processing your accommodation request.

The completed form must be 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/504/508 Coordinator at 405-521-4140.

_____________________________  _______________________
Signature                        Date