ODOT Form T2-504
Revised 04/16/2020

AMERICANS WITH DISABILITIES ACT - TITLE II / SECTION 504
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 otherwise be 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: _______________________

Indicate below the person(s) who you believe discriminated against you:

Name(s): _______________________
Work Location: _______________________
Work Phone: _______________________

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

__________________________________________________________________________
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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

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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 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