



## Civil Rights

1401 E. Broad Street, Richmond, VA 23219  
804.786.2085 Tel  
800.508.3737 Toll Free

### ADA/Section 504 Complaint Form

The Commonwealth of Virginia Department of Transportation (VDOT) will ensure that no qualified individual with a disability shall, solely on the basis of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any of its programs, services, or activities as provided by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendment Act of 2008. VDOT further assures that every effort will be made to provide nondiscrimination in all of its programs and activities regardless of the funding source, including those activities funded by the Federal Highway Administration and the Commonwealth of Virginia.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the Civil Rights Division: Daniel A. Palmer III, Assistant Division Administrator, Virginia Department of Transportation, 1401 E. Broad Street, Richmond, VA 23219.

1. Complainant's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State, and Zip Code: \_\_\_\_\_
4. Telephone No.: Home \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Person(s) discriminated against, (if someone other than the Complainant)
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. City, State, and Zip Code: \_\_\_\_\_
  - d. Telephone No.: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

7. If there is an issue affecting the public right-of-way (curb cuts, sidewalks, intersections, push button signals, etc.), please detail the physical location in need of repair, providing address and what needs to be addressed, (Example: 5<sup>th</sup> & West Broad Street, Richmond, VA 23219, “curb cut in need of repair”)
  
8. If the issue pertains to access in a VDOT facility (entrance way, accessible restrooms, walkways, etc.), please list the location, address, and the area of concern.
  
9. Have you filed this complaint with any other federal, state, or local agency? If yes, please provide the date the complaint was filed.
  
10. Please provide information about a contact person at the agency where the complaint was filed.
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. City, State, and Zip Code: \_\_\_\_\_
  
11. You may attach any written material or other documentation that you feel is relevant to your complaint.

I understand that by returning this completed form to your office, I have filed an official complaint with the Virginia Department of Transportation, Civil Rights Division. However, this does not mean that the complaint will be accepted for investigation. If accepted for investigation, the Division will notify the designated parties named in the complaint. I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Date