



# WYOMING DEPARTMENT OF TRANSPORTATION

## Title II Americans with Disabilities Act (ADA) Complaint Form

### SECTION I

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM / PM

Alternate Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM / PM

Email address: \_\_\_\_\_

Preferred method of communication:  Mail  Phone  Email

### SECTION II

Are you filing this complaint on your own behalf? (If yes, go to Section III)  Yes  No

If no, please provide your information:

Relationship to Complainant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM / PM

Alternate Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM / PM

Email address: \_\_\_\_\_

Preferred method of communication:  Mail  Phone  Email

### SECTION III

Name of entity the complaint is against: \_\_\_\_\_

Specific address/location of the issue(s): \_\_\_\_\_

Date the issue(s) occurred: \_\_\_\_\_

Provide a detailed description of the complaint/issue. (Attach additional pages as necessary. Attach any additional documentation/photos supporting the complaint.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV**

Requested resolution to your complaint (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V**

Have you previously filed an ADA complaint with us for the same issue?  Yes  No

If yes, when? \_\_\_\_\_

Have you filed this ADA complaint with any other agencies (federal, state, or local)?  Yes  No

If yes, please provide the following information (if available):

Date Filed: \_\_\_\_\_

Agency/Court: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SECTION VI**

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature  
(or signature of person submitting on behalf of complainant)

\_\_\_\_\_  
Date

**Mail to:**        **WYDOT Civil Rights Program**  
                     **ADA Coordinator**  
                     **5300 Bishop Blvd.**  
                     **Cheyenne, WY 82009**

**OR Email to:**   **DOT-civilrights@wyo.gov**

FOR WYDOT USE ONLY	
DATE COMPLAINT RECEIVED IN OFFICE	COMPLAINT RECEIVED BY (NAME, TITLE)
DATE COMPLAINT LOGGED (Refer to ADA Grievances_Complaint Log)	REFERENCE # (Refer to ADA Grievances_Complaint Log)