



**Title II of the Americans with Disabilities Act**  
**Section 504 of the Rehabilitation Act of 1973**  
**Accessibility Complaint Form**

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Iowa Department of Transportation (Iowa DOT) or a local public agency in Iowa when it is related to vehicular or pedestrian transportation. The Iowa DOT's Personnel Policy governs employment-related complaints of disability discrimination.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request.

Please contact the Iowa DOT Civil Rights Bureau at (515) 233-1921

**Complaints information:**

Last Name:		First Name:	
Mailing address:		City:	State: Zip Code:
Telephone: (Available between 8:00 am and 4:00 pm Mon. – Fri.)		Email Address:	

**Person(s) discriminated against (if other than complainant):**

Last Name:		First Name:	
Mailing Address:		City:	State: Zip Code:

**Government (Federal, State, Local), organization or institution that you believe discriminated against you**

Name:

Address:

City:

County:

State:

ZIP Code:

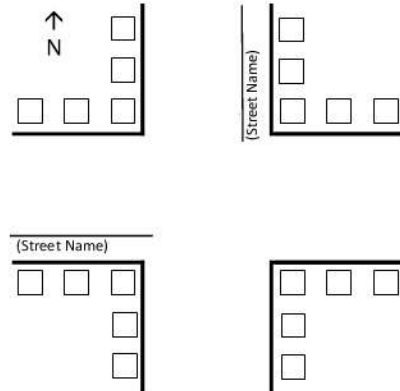
Telephone Number:

Date Discrimination Occurred:

Describe the act(s) of discrimination, including name(s), if possible, of the individuals(s) who discriminated against you.

If applicable, what is the location of the non-accessible feature?

Please provide comments, suggestions, or the other information that may assist us in providing a better service to you:



Please mark with an "x" on the above diagram the location(s) where you believe there is a curb ramp issue.

If applicable, write the description and the exact location of the non-accessible feature.

¿Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? Yes No

If Yes, what is the status of the grievance?

**Has the complaint been filled with another bureau of the Department of Justice or any other Federal, State, or local Civil Rights Agency or Court?**

Agency/Court:	Contact Name:
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City:	County:	State:	Zip Code:
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Date filled:	Phone number:	Status:
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Do you intend to file with another agency or court?  Yes  No

If yes, what agency or court (Federal, State, Local)?

Additional Comments:

\_\_\_\_\_  
Complainant signature \_\_\_\_\_  
Date

Mail completed form to: **Iowa Department of Transportation  
Civil Rights Bureau  
Civil Rights Coordinator  
Tonnette Harris  
800 Lincoln Way  
Ames, IA 50010**

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FAX to: (515) 817-6502  
E-mail to: Civil.Rights@lowadot.us

**For Official Use Only**

Date Complaint Received:

Referred to:

Division:

Date Referred: