



**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 Office of Employee Services - Civil Rights at (515) 239-1921.

Your information

Complainant			
Last Name		First Name	
Mailing Address		City	State ZIP Code
Telephone (available between 8:00 a.m. and 4:00 p.m. Mon. - Fri.)		E-mail Address	

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

Last Name		First Name	
Mailing Address		City	State ZIP Code

Government, organization, or institute that you believe discriminated against you

Name				
Address		City	County	State ZIP Code
Telephone Number			Date Discrimination Occurred	

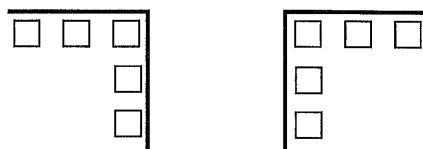
Describe the act(s) of discrimination, including name(s), if possible, of the individual(s) who discriminated against you.

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

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



(Street Name)



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

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

If applicable, description and exact location of 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 filed with another bureau of the Department of Justice or any other Federal, State, or local Civil Rights Agency or Court?

Agency/Court		Contact Name	
City	County	State	ZIP Code
Date Filed	Telephone Number	Status	

Do you intend to file with another agency or court? Yes No

If Yes, which agency or court?

Additional comments:

Complainant Signature

Date

Mail completed form to: **Iowa Department of Transportation
Office of Employee Services - Civil Rights
Karen Kienast, ADA Coordinator
800 Lincoln Way
Ames, IA 50011**

Or

FAX to: **(515) 817-6502**
E-mail to: dot.civilrights@dot.iowa.gov

For Official Use Only

Date Complaint Received

Referred to _____

Division _____

Date Referred