DONALD R. GREBIEN Shode Island Department of Transportation Office of Civil Rights



Two Capitol Hill, Providence, Rhode Island 02903 (401) 563-4056

ADA Title II Complaint Form

	NAC A HIS TO SECOND		E. AN	
Last Name	Middle Initial		First Name	
Street Address		City	State	Zip Code
Telephone Number (ir	cluding area code)	Best time	e to contact you	
E-mail address	*		*	#
inconsistent with Titl Rehabilitation Act of	ride a complete descripe II of the Americans vinder 1973 and or the ADA de documentation sup	with Disabili Amendmer	ties Act and/or Secti nts Act of 2008 (use	on 504 of the
2 Please prov	ide a specific location((s) of the Al	DA issues prompting	this complaint.
3 Date when t	he ADA non-complian	ce occurre	d / was noted.	9
		Page 1 of 2		

Please state, as specifically as possible, what you complaint.	u think should be done to resolve this					
Signature	Date					
Mail Completed Complaint Form to:						
Rhode Island Department of Transportation Office of Civil Rights Two Capitol Hill Providence, Rhode Island 02903 Attn: Barry Simpson, ADA Coordinator						
For Agency Use Only:						
Date Complaint was received Date Com	plaint investigated					
Results of Investigation (attach supporting documentation or ph	otographs)					
Date Complainant Contacted Method of Contact:	□ Phone □ Letter □ Email □ Personal Visit					
Complaint Resolved? ☐ Yes ☐ No (forward to Office of Legal Counsel for review)						
Was the RI Governor's Commission on Disabilities contacted?	☐ Yes ☐ No					