

Tennessee Department of Transportation ADA Title II/Section 504 Complaint Form

Instructions: Please complete and sign the form and submit it within 180 calendar days of any incident to:

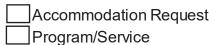
ADA / Section 504 Coordinator – Shanna Chevalier

Physical address:

TDOT ADA / Section 504 Coordinator ADA Office 12th floor, James K. Polk Building 505 Deadrick Street Nashville, TN 37243

> Phone: (615) 741-0465 Tennessee Relay: 7-1-1 Email: TDOT.ADACompliance@tn.gov

1. Type of Grievance (check all that apply):



Facility Accessibility

Other:

CONTACT INFORMATION

2. Reporting Individual:

| Full Name: | |
|------------------------|------------------|
| Address: | |
| City, State, Zip code: | |
| Phone: | Alternate Phone: |
| Email: | |

3. Authorized Representative of Reporting Individual (if any):

| · | |
|------------------------|------------------|
| Full Name: | |
| | |
| Address: | |
| | |
| City, State, Zip code: | |
| | |
| Phone: | Alternate Phone: |
| | |
| | |
| Email: | |
| | |
| | |

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint through a TDOT Department? If yes, please describe the efforts that have been made.

| 8. | Remedy Sought. | What action | do you want taken? |
|----|----------------|-------------|--------------------|
|----|----------------|-------------|--------------------|

SUBMIT VIA EMAIL

Signature

Date

If you need assistance, require an accessible format, or have questions about this form, please contact the TDOT ADA / Section 504 Coordinator at:

ADA / Section 504 Coordinator – Shanna Chevalier

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