



GDOT Publications Policies & Procedures

Form Word: 2841-1a - ADA Complaint Form
Section: Americans With Disabilities Act (ADA)
Office/Department: Office of EEO

Reports To: Division of Admin/General Counsel
Contact: 404-631-1000

(FOR AMERICANS WITH DISABILITIES ACT (ADA) -REHABILITATION ACT OF 1973 (504) COMPLAINTS)

This complaint procedure is designed for employees and members of the public to resolve conflicts with the Georgia Department of Transportation (GDOT) involving allegations of discrimination in access to GDOT programs, services, and benefits for persons with disabilities under the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

INSTRUCTIONS: Please complete the form in its entirety and provide as much information as possible. Please feel free to use additional sheets if necessary.

Complainant Profile

Complainant: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Person making the Complaint: (If other than the complainant)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Are You a Georgia Department of Transportation Employee? Yes No

Position Title: _____ Department: _____

Employee ID# _____ Name of Supervisor: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Do you require a reasonable accommodation in order to more effectively communicate your complaint?

Yes No

Issue/Complaint

Date of Violation: _____ Time of Violation: _____

Place of Violation: _____

Identify service, program or activity out of ADA/504 compliance:

Summary of violation (attach additional sheets as necessary)

What do you feel is a fair resolution to your issue/complaint?

SIGNATURE

DATE

Send completed form to:

Georgia Department of Transportation
Equal Employment Opportunity Division 7th Floor
ADA Coordinator
600 West Peachtree Street
Atlanta, Georgia 30308

FOR OFFICE USE ONLY

Case No: _____ Date Assigned: _____

Assigned To: _____

Comments:

References:

[Click here to enter Policy references, if any.](#)

History:

annual review: 08/31/23;

added to Publications 11/08/12