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:
added to Publications 11/08/12
Reviewed: 4/26/2019