State of Connecticut Department of Transportation
Office of Equal Opportunity and Diversity
(Americans with Disabilities Act) ADA/504 Complaint Reporting Form

Reviewer:_____ **Date:**_____

Complainant Information

Name:		**Race:**	**Sex:**
Street Address:	**City:**	**State:**	**Zip:**
Home Phone:	**Work Phone:**		

Respondent:_____**Location:**_____

Is Complaint against ConnDOT? **Yes**_____ **No**_____

Complaint Details: (attach additional sheets if necessary)

Signature of Complainant:_____ **Signature of Reviewer:**_____

Date referred to FHWA:_____