**Maine Department of Transportation**

## External ADA/Section 504 Grievance Form

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| **Name of Person filing Grievance** | **Name of Person alleging violation (if different from person filing grievance)** |

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| **Phone** | **Phone** |
| **Address** | **Address** |
| **City, State, Zip** | **City, State, Zip** |

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| **Has complaint been filed with another Agency? Name of Agency** | **Date of Alleged Discrimination** |
| **Location of the alleged violation** | **What Remedy are you requesting?** |

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| **Explain As Briefly and Clearly as Possible the nature of the violation. Was the alleged violation a physical barrier to a facility (Sidewalk, building, transit stop, public transportation, etc.) How You Were Discriminated Against. Were other individuals involved? *Please* *indicate who was involved*. You may also attach any material pertaining to your case (photographs, drawings, video)** |

|  |  |
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| **Signature** | **Date** |

**Please Mail Complaint to:**

**Maine Department of Transportation**

**Title II ADA Coordinator**

**# 16 State House Station**

**Augusta, Maine 04333-0016**

**Or Call (207) 624- 3238 or TYY Relay 711**