Rhode Island Department of Transportation  
Office of Civil Rights  
Two Capitol Hill, Providence, Rhode Island 02903  
(401) 222-3260

ADA Complaint Form

Last Name  Middle Initial  First Name

Street Address  City  State  Zip Code

Telephone Number (including area code)  Best time to contact you

E-mail address

1. Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Acts of 1973 and/or the ADA Amendments Act of 2008 (use additional pages as necessary and provide documentation supporting the allegation)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Please provide a specific location(s) of the ADA issues prompting this complaint

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Date when the ADA non-compliance occurred / was noted

____________________________________________________________________________________
Please state, as specifically as possible, what you think should be done to resolve this complaint

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________        ____________________________
Signature                  Date

Mail Completed Complaint Form to:
Rhode Island Department of Transportation
Two Capitol Hill   Office of Civil Rights
Providence, Rhode Island 02903
Attn: Richard Sparks, ADA Coordinator

For Agency Use Only:

Date Complaint was received                  Date Complaint investigated

Results of Investigation (attach supporting documentation or photographs)

________________________________

Date Complainant Contacted  Method of Contact:

☐ Phone  ☐ Letter  ☐ Email  ☐ Personal Visit

Complaint Resolved?  ☐ Yes
☐ No (forward to Office of Legal Counsel for review)

RI Governor’s Commission on Disabilities contacted?  ☐ Yes  ☐ No