

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

**ADA Complaint Form**

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\_\_\_\_\_  
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

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**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)

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

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

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

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Signature

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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

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For Agency Use Only:

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Date Complaint was received

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Date Complaint investigated

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Results of Investigation (attach supporting documentation or photographs)

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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