Rhode Island Department of Transportation Office of Civil Rights *Two Capitol Hill, Providence, Rhode Island* 02903 (401) 563-4056

ADA Title II 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				

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 Act 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.

4 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 Tran Office of Civil Rights Two Capitol Hill Providence, Rhode Island 02903 Attn: Barry Simpson, ADA Coordi						
For Agency Use Only:						
Date Complaint was received Date Complaint investigated						
Results of Investigation (attach support	orting documentation or pho	otographs)				
Date Complainant Contacted	Method of Contact:		□ Email			
		Personal Visit				
Complaint Resolved?						
Was the RI Governor's Commission	on Disabilities contacted?	🗆 Yes 🗆 No				
	Page 2 of 2					