
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 Transportation
Office of Civil Rights
Two Capitol Hill
Providence, Rhode Island 02903
Attn: Barry Simpson, 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)

Was the RI Governor's Commission on Disabilities contacted?

Yes No