



WYOMING DEPARTMENT OF TRANSPORTATION

Title II Americans with Disabilities Act (ADA) Complaint Form

1

Last Name

Middle Initial

First Name

Street Address

City

State

Zip Code

Primary Phone Number

Best time to call this number

Alternative Phone Number

Best time to call this number

E-mail address

2

Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act. Please use additional pages as necessary and provide documentation supporting the allegation(s):

3

Please provide the specific location(s) of the ADA issues prompting this complaint:

4.

Date when the ADA non-compliance occurred/was noted:

5.
Please state as specifically as possible what you think should be done to resolve the complaint:

6.
Requested Remedy:

Do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (Federal, State, or local)?

If so, please provide the following information:

Agency: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Case: _____

Please sign and date Complaint Form:

Signature

Date

Mail, fax or email completed Complaint Form to:

Civil Rights Program Manager-ADA Coordinator
5300 Bishop Blvd.
Cheyenne, WY 82009
(307) 777-4457
Lisa.Fresquez@wyo.gov

For WYDOT Use Only:

_____ **Date complaint was received**

_____ **Complaint received by (Name, Title)**

_____ **Date complaint was investigated**

Results of investigation (attach supporting documentation or photographs):

_____ **Date complainant contacted**

Method of Contact:

- Phone**
- Letter**
- Personal Visit**

_____ **Date ADA Complaint was resolved**