

**Mn/DOT's Americans with Disabilities Act (ADA)
Denial of Program, Service or Activity
Title II Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 4.

Name of person filing this complaint
(Complainant):

Address:

City, State and Zip
Code:

Home Telephone:

Day or Business Telephone:

Medical condition or disability that is basis for this complaint:

Person who was discriminated against:
(if other than the
complainant)

Address:

City, State, and Zip
Code:

Home Telephone:

Day Telephone:

Government, or organization, or institution which you believe has discriminated against you or other persons:

Name of government or
:organization

Address:

County:

City:

State and Zip
Code:

Telephone
Number:

When did the discrimination occur?
Date:

Describe the act of discrimination providing details of what happened, where (location), the name(s) of persons responsible for the discrimination, other individuals who observed what happened, and any other important facts about what happened (use space on page 4 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:
Agency or
Court:

Contact
Person:

Address:

City, State, and Zip
Code:

Telephone
Number:

Date
Filed:

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or
Court:

Address:

City, State and Zip
Code:

Telephone
Number:

Additional space for answers:

Signature: _____

Date: _____

Return to:

Lynnette Geschwind, ADA Coordinator
Mn/DOT's Affirmative Action Office
395 John Ireland Blvd, M.S. 200
St. Paul, MN 55155

651-366-4717 (voice), call MN Relay for TTY/TDD
651-282-5248 (FAX)
Lynnette.Geschwind@dot.state.mn.us