



DEPARTMENT OF TRANSPORTATION

Americans with Disabilities Act (ADA) Grievance/Complaint Form

Personal Information

NAME: _____			
	Last	First	MI
ADDRESS: _____	CITY: _____	STATE: _____	
ZIP: _____	PHONE: (_____) _____ - _____	EMAIL: _____	

Organization (if any)

NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	
ZIP: _____	PHONE: (_____) _____ - _____	EMAIL: _____	

Location of Physical Barriers (if applicable)

CITY: _____	HIGHWAY / INTERSTATE #: _____
STREET INTERSECTION: _____	
NEARBY LANDMARKS OR BUSINESSES: _____	

Report of Incident of Discrimination under the ADA (if applicable)

DATE: ___ / ___ / _____	PERSON(S) INVOLVED: _____
WITNESSES: _____	PHONE: (_____) _____ - _____
Please describe any alleged incidents of discrimination: _____	

For Transit Related Grievances (if applicable)

NAME OF TRANSIT PROVIDER: _____	
CITY: _____	STAFF INVOLVED: _____
Please describe any alleged incidents of discrimination: _____	

Please list any suggested changes or improvements to achieve accessibility: _____

Mail to: Department of Transportation
ATTN: ADA Coordinator
Division of Operations / Civil Rights Program
700 East Broadway Avenue
Pierre, SD 57501-2586

Phone: 605-773-3540
Email: june.hansen@state.sd.us