

Maine Department of Transportation
External ADA/Section 504 Grievance Form

Name of Person filing Grievance	Name of Person alleging violation (if different from person filing grievance)
Phone	Phone
Address	Address
City, State, Zip	City, State, Zip
Has complaint been filed with another Agency? Name of Agency	Date of Alleged Discrimination
Location of the alleged violation	What Remedy are you requesting?
<p>Explain As Briefly And Clearly As Possible the nature of the violation. Was the alleged violation a physical barrier to a facility (Sidewalk, building, transit stop, public transportation, etc.) How You Were Discriminated Against. Were other individuals involved? <i>Please indicate who was involved.</i> You may also attached any material pertaining to your case (photographs, drawings, video)</p>	
Signature	Date

Please Mail Complaint to:

<p>Maine Department of Transportation Civil Rights Office # 16 State House Station Augusta, Maine 04333-0016 Or Call (207) 624- 3042 or TYY Relay 711</p>
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