

**ADA Grievance/Request For Information Form**

If you have accessibility concerns or questions please fill out this form.

**Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone**

**Email Address**

**Comments or Questions?**

**Grievance? Please provide a detailed description including date of incident.**

**Please provide complete address and/or location, if other than a roadway (eg. rest area, pedestrian bridge, etc.):**

If you have any further questions or comments please contact David Nicol, Acting ADA Title II Coordinator, DeIDOT at 302-760-2298.