

# Government of the District of Columbia

## Department of Transportation



### GRIEVANCE FORM

It is the policy of the District of Columbia Department of Transportation (DDOT), not to discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. All attempts will be made to resolve such matters through informal means at any stage of the process.

DDOT has established a grievance procedure to meet with the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, and Title II of the Americans with Disabilities Act of 1990. This grievance form should be used by individuals wishing to file a complaint to DDOT on the basis of disability, regarding access to the services, activities, programs and facilities of DDOT.

#### **Grievant:**

Name:	
Address:	
City/State:	Zip:
Phone Number:	Email:
Preferred Form of Communication:	

#### **Location of Grievance Occurred:**

Address or Description of Area:		
Date:		

Has the grievance been filed with another agency?  Yes  No

If Yes;

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Grievance:

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Requested Action to correct grievance:

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