ARIZONA DEPARTMENT OF TRANSPORTATION

ADA RECOMMENDATION AND COMMENT FORM

23-2013 R06/18

If you have any comments or recommendations you would like to share with the Civil Rights Office regarding ADA services, activities, or accessibility, please fill out form below.

Date: _____

Contact Name: _____

Phone Number: ( ) _____ Alt. Phone Number: ( ) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

1. Select the following that are applicable to the access barrier.

   Public Rights-of-way ❒ Program ❒ Service ❒ Activity ❒

2. Would you like a Compliance Specialist to contact you?

   Yes ❒ No ❒

3. Please indicate as to how you would like to be contacted?

   Telephone ❒ Mail ❒ In Person ❒ Email ❒

4. If completing form on behalf of an individual provide their name and phone number:

   _____

5. Please describe your compliment, suggestion, comment or concern here:

ADOT will make reasonable modifications to ensure that individuals with disabilities have an equal opportunity to enjoy ADOT's programs, services, or activities. If you would like to submit a modification request, please complete the **ADA Reasonable Modifications Request Form**. If you would like to file a complaint, please complete the **ADA Compliant Form**. Complaints should be filed within 180 days of the alleged violation.

If you have any questions or concerns, please contact ADOT's Civil Rights Office. See below for contact information.

ADOT Civil Rights Office
CivilRightsOffice@azdot.gov
ATTN: ADA/Title VI Nondiscrimination Program
206 S. 17th Avenue, Mail drop: 155A, Phoenix, AZ 85007
Phone: 602.712.8946 Fax: 602.239.6257
www.azdot.gov

Please email the completed form to civilrightsoffice@azdot.gov. Additional documents may be attached to the email.