

**Attachment I-3**

STATE OF HAWAII - DEPARTMENT OF TRANSPORTATION  
AMERICANS WITH DISABILITIES ACT – TITLE II

**GRIEVANCE FORM**

**1. Complainant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Designee (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. Date(s) Incident Occurred:** \_\_\_\_\_

**4. Nature of Complaint**

(Please include date, time, place, people involved, witnesses and circumstances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Request for Special Accommodations (Describe):** \_\_\_\_\_

**Mail To:** State of Hawaii - Department of Transportation  
Office Civil Rights  
200 Rodgers Boulevard  
Honolulu, Hawaii 96819  
Phone: (808) 831-7931 [Voice or TTY]  
Fax: (808) 831-7944  
E-mail: HDOT-ADA@hawaii.gov