

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: curtis.s.motoyama@hawaii.gov