

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
869 Punchbowl Street, Room 105
Honolulu, Hawaii 96813
Phone: (808) 831-7931 [Voice or TTY]
E-mail: HDOT-ADA@hawaii.gov