

South Carolina Department of Transportation

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form**

Complainant		
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City/State	Zip Code
Home Telephone	Other Telephone	Email Address
Person Discriminated Against (if other than complainant)		
Last Name _____ First Name _____ Address _____		
City _____ State _____ Zip Code _____		
Government, or organization, or institution which you believe has discriminated:		
Name _____		Address _____
City _____	County _____	State _____ Zip Code _____
Telephone () _____		
When did the discrimination occur? (Date)		
Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional pages if necessary):		
Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? Yes _____ No _____ If yes, what is the status of the grievance?		

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes_____ No_____ If yes, which agency or court?

Agency/Court_____ Contact Name_____

City_____ State_____ Zip_____ Date Filed_____

Telephone_____

Do you intend to file with another agency or court? Yes_____ No_____ If yes, which agency or court?

Space for additional comments

Signature

Date

Mail completed form to:

South Carolina Department of Transportation
ADA Coordinator
955 Park Street, Rm. 302
P.O. Box 191
Columbia, South Carolina 29202-0191

OR

Fax to:

803-737-2071

Email:

adacoordinator@scdot.org

For Official Use Only

Date Complaint Received: _____

Referred to: _____

Date Referred: _____

