

**Florida Department of Transportation  
ADA Complaint / Grievance Form**

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a complete description of the specific complaint or grievance:

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

Please specify any location(s) related to the complaint or grievance (if applicable):

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

Please state what you think should be done to resolve the complaint or grievance:

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

Please attach additional pages as needed.

Please do not contact me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Randy E. (Brad) Bradley II, P.E., State ADA Coordinator  
Florida Department of Transportation  
605 Suwannee Street., MS-32  
Tallahassee, FL 32399-0450

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above, at (850) 414-4295 (voice), or 711 (Florida Relay Service), fax (850) 414-5261 or e-mail: [Brad.Bradley@dot.state.fl.us](mailto:Brad.Bradley@dot.state.fl.us).