



## Florida Department of Transportation Grievance Procedure under The Americans with Disabilities Act

This **Grievance Procedure** is established in accordance with the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services by or access to activities, programs or facilities of the Florida Department of Transportation.

*NOTE: This Grievance Procedure does not apply to complaints relating to employment by the Florida Department of Transportation. Contact the Human Resources Office ([victoria.kliner@dot.state.fl.us](mailto:victoria.kliner@dot.state.fl.us) , 850-414-5300) for employment complaints.*

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. (See *form on next page.*)

The complaint should be submitted by the grievant and/or his or her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

H. Dean Perkins, Architect, ADA Coordinator  
Florida Department of Transportation  
605 Suwannee St., MS-40  
Tallahassee, FL 32399-0450  
Voice Ph: 850/414-4359  
TTY/TDD: 850/410-5708 or 711 (*Florida Relay Service*)  
Fax: 850/414-4796  
Email: [dean.perkins@dot.state.fl.us](mailto:dean.perkins@dot.state.fl.us)

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or designee will contact the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of this meeting, the ADA Coordinator or designee will respond to the complainant. The response will explain the position of the Florida Department of Transportation and offer options for substantive resolution of the complaint.

In addition to the attached text form, the Department has developed two graphic forms that may be used to provide some specific information related to accessibility on the State Road System. These may be down-loaded from the FDOT Web site at: <http://www.fdot.gov/designsupport/ADA/ADAFORMS.shtm> .

**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: Dean Perkins, Architect, ADA Coordinator  
Florida Department of Transportation  
605 Suwannee Street., MS-40  
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)414-4359 (v), or 711 (TDD via Florida Relay Service), fax (850) 414-4796 or e-mail: [dean.perkins@dot.state.fl.us](mailto:dean.perkins@dot.state.fl.us).