



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, 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:

Randy E. (Brad) Bradley II, P.E., State ADA Coordinator
Florida Department of Transportation
605 Suwannee St., MS-32
Tallahassee, FL 32399-0450
Phone: 850/414-4295 or 711 (*Florida Relay Service*)
Fax: 850/414-5261
Brad.Bradley@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 contact, 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 downloaded from the FDOT Web site at: <https://www.fdot.gov/roadway/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: 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.