

## ADA RECOMMENDATION AND COMMENT FORM

If you have any comments or recommendations you would like to share with the Civil Rights Office regarding ADA services, activities, or accessibility, please fill out form below.

		Date:
Contact Name:		
		ne Number: ( )
Address:		
City:	State:	Zip Code:
Email:		
1. Select the following that are	applicable to the access b	arrier.
Public Rights-of-way	Program   Servi	ice
2. Would you like a Compliance	Specialist to contact you	?
Yes □ No □		
3. Please indicate as to how you	ı would like to be contact	ed?
Telephone 🗖 🛮 Mail 🗖	In Person 🗖 🛮 Email	
4. If completing form on behalf	of an individual provide th	eir name and phone number:
5. Please describe your complim	ent, suggestion, commen	t or concern here:

ADOT will make reasonable modifications to ensure that individuals with disabilities have an equal opportunity to enjoy ADOT's programs, services, or activities. If you would like to submit a modification request, please complete the ADA Reasonable Modifications Request Form. If you would like to file a complaint, please complete the ADA Compliant Form. Complaints should be filed within 180 days of the alleged violation.

If you have any questions or concerns, please contact ADOT's Civil Rights Office. See below for contact information.

> **ADOT Civil Rights Office** CivilRightsOffice@azdot.gov

ATTN: ADA/Title VI Nondiscrimination Program 206 S. 17th Avenue, Mail drop: 155A, Phoenix, AZ 85007 Phone: 602.712.8946 Fax: 602.239.6257 www.azdot.gov

Please email the completed form to civilrightsoffice@azdot.gov. Additional documents may be attached to the email.