

## SECTION 508 COMPLAINT FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email [ODOT-ada-titlevi@odot.org](mailto:ODOT-ada-titlevi@odot.org).

Date of Filing: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Alleged Incident: \_\_\_\_\_



Oklahoma Department of Transportation  
Civil Rights Division  
200 N.E. 21<sup>st</sup> Street, Room 1-C1  
Oklahoma City, OK. 73105-3204  
Office: 405-521-4140  
Fax: 405-522-4895  
Email: [ODOT-ada-titlevi@odot.org](mailto:ODOT-ada-titlevi@odot.org)

Describe the electronic and information technology in question: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the non-conformance with the information technology accessibility standards in sufficient detail as to allow a thorough investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy are you requesting? Please be specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please attach and/or provide any additional information that might be useful in processing your complaint.**

The completed form must be submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

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Signature

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Date