



Tennessee Department of Transportation ADA Title II/Section 504 Complaint Form

Instructions: Please complete and sign the form and submit it within 180 calendar days of any incident to:

ADA / Section 504 Coordinator – Shanna Chevalier

Physical address:

TDOT ADA / Section 504 Coordinator
ADA Office
12th floor, James K. Polk Building
505 Deadrick Street
Nashville, TN 37243

Phone: (615) 741-0465
Tennessee Relay: 7-1-1
Email: TDOT.ADACompliance@tn.gov

1. Type of Grievance (check all that apply):

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other: _____

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint through a TDOT Department? If yes, please describe the efforts that have been made.

8. Remedy Sought. What action do you want taken?

Signature

Date

SUBMIT VIA EMAIL

If you need assistance, require an accessible format, or have questions about this form, please contact the TDOT ADA / Section 504 Coordinator at:

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