



# 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.ADA@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:

**ADA / Section 504 Coordinator – Shanna Chevalier**

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