

ADA Grievance/Request For Information Form

If you have accessibility concerns or questions please fill out this form.

Name

Street Address

City

State

Zip Code

Phone

Email Address

Comments or Questions?

Grievance? Please provide a detailed description including date of incident.

Please provide complete address and/or location, if other than a roadway (e.g. rest area, pedestrian bridge, etc.):

Please call DeIDOT at 302-760-2048 with questions, or to seek assistance in filling out the form, and/or mail form to:

DeIDOT ADA Title II/Section 504 Coordinator

Att: Todd Webb

P.O. Box 778

Dover, DE 19903

Email: DOT.ADARequest@state.de.us