

## ODOT OFFICE OF EQUITY AND CIVIL RIGHTS COMMENT, QUESTION, CONCERN, OR REQUEST

## Contact Information

NAME	DATE
ADDRESS	PHONE
CITY, STATE, ZIP	EMAIL
If you are completing this form on behalf of another person:	
REPRESENTATIVE NAME	RELATIONSHIP
EMAIL	PHONE
Issue Description	
LOCATION OF SITE – ADDRESS, SITE NAME, OR DESCRIPTION	
TOPICS COVERED – CHECK ALL THAT APPLY	
🗌 Curb ramp 🔄 Sidewalk 🔄 Parking 🔄 Se	ervice Animal 🔲 Transit Stop 🛛 🗌 Bathroom
🗌 Pushbuttons 🔄 Crosswalk 🔄 Audible Signal 🔄 Df	MV Construction Work Zone
Other:	
DESCRIPTION OF CONCERN, QUESTION, COMMENT OR REQUEST – INCLUDE THE DATE IF RE	ELATED TO A SPECIFIC INCIDENT
Resolution	
DESCRIBE THE RESOLUTION YOU WOULD LIKE TO SEE	
Have you submitted this information before?	lf vos data:
Have you submitted this information before?	If yes, date:
If preferred, this form may be printed, filled out and mailed to:	Assistance is available upon request:
ODOT Office of Equity and Civil Rights	<ul> <li>Call toll-free (855) 540-6655</li> </ul>
ADA Program Manager	<ul> <li>E-mail ODOT_ADA@odot.oregon.gov</li> </ul>
800 Airport Road SE Salem, OR 97301	<ul> <li>TTY, use 711 relay service, ask to connect to (855) 540-6655</li> </ul>