

## 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	
LOCATION OF SITE - ADDRESS, SITE NAME, OR DESCRIPTION	
TOPICS COVERED – CHECK ALL THAT APPLY	
	ransit Stop
	onstruction Work Zone
Other:  DESCRIPTION OF CONCERN, QUESTION, COMMENT OR REQUEST – INCLUDE THE DATE IF RELATED TO A SPECIFIC INCIDENCE.	
Resolution	
DESCRIBE THE RESOLUTION YOU WOULD LIKE TO SEE	
Have you submitted this information before?	
If preferred, this form may be printed, filled out and mailed to:  Assistance is available upon request:	

ODOT Office of Equity and Civil Rights ADA Program Manager 800 Airport Road SE Salem, OR 97301

- Call toll-free (855) 540-6655
- E-mail ODOT\_ADA@odot.oregon.gov
- TTY, use 711 relay service, ask to connect to (855) 540-6655