

**Maryland State Highway Administration
ADA/504 Complaint/Grievance Form**

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship of Preparer to Complainant: _____

Street Address: _____ Apartment/Unit number: _____

City/County: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please provide a complete description of the specific complaint or grievance, including date of alleged violation. Use additional pages or provide copies of documentation that may substantiate any allegations. _____

Please specify any locations(s) related to the complaint or grievance (if applicable): _____

Please state as specifically as possible what you think should be done to resolve the complaint or grievance: _____

May we contact you personally? Yes _____ No _____

If yes, please indicate how you'd like to be contacted. Phone _____ E-mail _____ USPS _____

Signature of Complainant/Preparer

Date

Return this form to: Maryland State Highway Administration,
ADA Title II Coordinator, Mail Stop C-412
707 North Calvert Street
Baltimore, MD 21202

Upon request, copies of this form will be provided in alternative formats. Please contact the ADA Title II Coordinator at the address listed above, via telephone at 410-545-0362; Toll free 1-888-204-0157; TDD 1-800-735-2258. (Maryland Relay)