



New Mexico Department of Transportation

ADA Grievance Form

An individual who is dissatisfied with the outcome of their modification request, or feels discriminated against in violation of ADA or Section 504, may file a grievance for further investigation and resolution. Grievances can be submitted by letter, e-mail, or phone call.

Date:	Name of Party or Authorized Representative:
Street Address:	
City, State, Zip Code:	
Phone:	Email (if applicable):
<p>Please complete this section if filing Grievance due to Request for Modification decision.</p> <p>Date of Request:</p> <p>Date of Denial:</p> <p>Request for Modification Number:</p>	<p>Please complete this section if filing Grievance due to alleged discrimination.</p> <p>Date of alleged discrimination:</p> <p>Location of alleged discrimination:</p> <p>Name and title of person(s) responsible for alleged discrimination:</p>
Description of Grievance:	
List names and contact information of persons who may have knowledge of the alleged discrimination:	
If you have filed this complaint with any other federal, state, or local agency, or with any federal or state court, list all that apply:	
Description of Desired Outcome:	
I certify, to the best of my knowledge, that this information is complete and accurate. I understand this form must be completed in its entirety and that I may be asked to provide additional information prior to consideration for review.	
Printed Name:	Signature:

Attach additional pages as necessary. If you need assistance or have questions about this form, please contact the Director of Operations at (505) 827-5100. Completed forms may be emailed to the Cabinet Secretary, or the Cabinet Secretary's designee, to the attention of Armando.Armendariz@state.nm.us or mailed to 1120 Cerrillos Road, Santa Fe, NM 87505.

NMDOT ADA Grievance Process – Figure 2

