



New Mexico Department of Transportation

ADA Grievance Form

<p>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.</p>	
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:	
<p>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.</p>	
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 Armando.Armendariz@state.nm.us or mailed to 1120 Cerrillos Road, Santa Fe, NM 87505.