



WYOMING DEPARTMENT OF TRANSPORTATION

Title II Americans with Disabilities Act (ADA) Complaint Form

SECTION I

Complainant Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Best time to call: _____ AM / PM

Alternate Phone Number: _____ Best time to call: _____ AM / PM

Email address: _____

Preferred method of communication: Mail Phone Email

SECTION II

Are you filing this complaint on your own behalf? (*If yes, go to Section III*) Yes No If no,

please provide your information:

Relationship to Complainant: _____

Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Best time to call: _____ AM / PM

Alternate Phone Number: _____ Best time to call: _____ AM / PM

Email address: _____

Preferred method of communication: Mail Phone Email

SECTION III

Name of entity the complaint is against: _____

Specific address/location of the issue(s): _____

Date the issue(s) occurred: _____

Provide a detailed description of the complaint/issue. (*Attach additional pages as necessary. Attach any additional documentation/photos supporting the complaint.*) _____

SECTION IV

Requested resolution to your complaint (be specific): _____

SECTION V

Have you previously filed an ADA complaint with us for the same issue? Yes No If yes,
when? _____

Have you filed this ADA complaint with any other agencies (federal, state, or local)? Yes No If yes,
please provide the following information (if available):

Date Filed: _____

Agency/Court: _____

Contact Name: _____

Address: _____

Phone Number: _____

SECTION VI

The above information is true and accurate to the best of my knowledge.

Complainant's Signature Date
(or signature of person submitting on behalf of complainant)

**Please submit your completed Form, along with any
additional pages or information, to:**

Rendezvous Pointe Director
307-367-2881, ext. 19
Email: edrpointe2021@gmail.com
Mail to or visit our administrative office at:
425 W. Magnolia St. Pinedale, WY 82941

Or, you may choose to file directly with the
WYDOT Civil Rights Program:

ADA Coordinator
5300 Bishop Blvd.
Cheyenne, WY 82009

Email to: DOT-civilrights@wyo.gov

All Complaints filed directly with WYDOT will still be
investigated locally by Rendezvous Pointe.

FOR WYDOT/ Rendezvous Pointe USE ONLY	
DATE COMPLAINT RECEIVED IN OFFICE	COMPLAINT RECEIVED BY (NAME, TITLE)
DATE COMPLAINT LOGGED (Refer to ADA Grievances_Complaint Log)	REFERENCE # (Refer to ADA Grievances_Complaint Log)