



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:
PO Box 804
425 E. 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 (<i>Refer to ADA Grievances_Complaint Log</i>)	REFERENCE # (<i>Refer to ADA Grievances_Complaint Log</i>)