



To submit an accessibility concern or complaint to the Illinois Department of Transportation, complete this form, sign electronically, and email to [dot.ada.complaint@illinois.gov](mailto:dot.ada.complaint@illinois.gov). Attach any supporting documentation prior to sending. Alternatively, the form can be printed, completed manually, and returned to: Illinois Department of Transportation, Bureau of Design & Environment, Attn: ADA Complaints, 2300 South Dirksen Parkway, Room 330, Springfield, IL 62764 or scanned and emailed to: [dot.ada.complaint@illinois.gov](mailto:dot.ada.complaint@illinois.gov).

**Electronic submissions are preferred to ensure timely and confidential processing.**

**SECTION I**

Complainant's Name

Mailing Address  City  State  Zip Code

Person filing complaint (if different than Complainant)  E-mail Address  Preferred Contact Number

**SECTION II**

When did the discrimination incident occur?

Date  Time

Place where the discrimination occurred (Please include city, roadway name, intersection (if applicable), facility name and/or location if other than a roadway, i.e. rest area, pedestrian bridge, etc.)

Please describe in detail the nature of the complaint (include all parties that were involved).

**Attach any supporting documents prior to sending complaint.**

**SECTION III**

Has this complaint been filed with another private, federal, state, local agency, or legal entity?  Yes  No

If yes, please provide details below

Complainant's Signature & Date