



ADA/504 External Complaint Processing Procedures

Revised December 2025

If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at Michigan.gov/MDOT-ADA.

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Purpose

To specify the process to be used by the Michigan Department of Transportation (MDOT) to investigate complaints, while ensuring due process for complainants and respondents.

Applicability

These procedures apply to complaints filed directly with MDOT for alleged discrimination on the basis of disability against a local agency sub-recipient. Complaints against MDOT will be referred to the Federal Highway Administration (FHWA) for investigation. Complainants may also choose to file complaints against MDOT directly with FHWA. Complaints filed with FHWA for investigation may be addressed to:

Civil Rights Program Manager
Federal Highway Administration
315 W. Allegan St., Room 201
Lansing, MI 48933

Authorities

Section 504 of the Rehabilitation Act of 1973, 29U.S.C. 790:

Section 504 of the Rehabilitation Act makes it illegal for the federal government, federal contractors, and state and local governments receiving federal funds to discriminate on the basis of disability. It requires that state and local governments ensure persons with disabilities have equal access to any programs, services or activities receiving federal funding.

Title II of the Americans with Disabilities Act of 1990, P.L. 101-336:

Applies to state and local governments and the programs, services and activities they provide. As a state government, MDOT must ensure its programs, services and activities provided to the public are accessible to individuals with disabilities regardless of the source of funding.

Definition

Discrimination involves any act or inaction, whether intentional or unintentional, in any program or activity that results in disparate (unfavorable) treatment, disparate impact or perpetuating the effects of prior discrimination based on disability or failing to make a reasonable accommodation.

An act (or action) whether intentional or unintentional, through which a person in the United States, based on disability, has been subjected to unequal treatment under any program, service or activity under Section 504 of the Rehabilitation Act of 1973, or under Title II of the Americans with Disabilities Act of 1990.

Filing Complaints

Persons Eligible to File

Any person who believes that they have been subjected to discrimination prohibited by any of the authorities listed above, based upon disability, may file a written complaint. The complaint may be filed by the affected individual or a representative using the ADA Complaint Form (Attachment A). The complaint should be sent to MDOT's ADA/504 Coordinator:

Orlando T. Curry, MSA
ADA/504 Coordinator
Michigan Department of Transportation
P.O. Box 30050
Lansing, MI 48909
Email: MDOT-ADA@Michigan.gov

Form of Complaints

Complaints shall be in writing and signed by the person(s) or representative and include the complainant's name, address and telephone number. Allegations of discrimination received by email will be acknowledged and processed. A verbal complaint may be submitted to MDOT's ADA/504 coordinator via telephone communication. A TTY phone number is also available at the Michigan Relay Center for the hearing impaired. As a result of the telephone/TTY conversation, MDOT's ADA/504 section coordinator or representative shall fill out a complaint form on behalf of the calling party. The TTY line can be accessed by dialing 844- 578-6563.

Time Limits for Filing

All complaints should be submitted to MDOT's Office of Business Development ADA/504 coordinator within 180 calendar days after the alleged incident has occurred. A complaint may be submitted via the website fillable complaint form, email or the U.S. Postal Service, fax or via telephone.

Processing Time Frame

Within 15 calendar days of receiving a complaint, the ADA/504 coordinator or designated representative will contact the party initiating the grievance process (complainant) and will make a determination to accept, reject or refer to the appropriate federal/state agency.

Once the complaint details are deemed complete, the ADA/504 coordinator or designated representative will verify jurisdiction, investigate the accessibility issue and provide a response to the complainant within 60 calendar days, outlining the investigation findings and proposed solution. MDOT will make every effort to facilitate the voluntary early resolution of complaints at the lowest level possible. If the accessibility issue is not within MDOT's jurisdiction, then the ADA/504 coordinator will contact and forward the complaint to the associated agency and notify the complainant.

These procedures do not affect the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.

Appeal Rights (Attachment B)

If the complainant is not satisfied with the final decision made by the ADA/504 coordinator, the complainant may appeal the decision to the ADA administrator. The appeal must be filed with the Office of Business Development within 14 calendar days of receiving the final decision from the ADA coordinator. The ADA administrator will review the appeal and complete any investigation required to address the appeal within 30 calendar days. After completing the review of the file and investigating the matter, the ADA administrator or a representative shall provide a response in the most appropriate format. All complaints, appeals and responses thereto shall be documented and kept on file in the ADA/504 Section for a minimum of three years.

An appeal may be filed to:

ADA Administrator
Office of Business Development
425 West Ottawa St.
P.O. Box 30050
Lansing, MI 48909
Email: MDOT-ADA@Michigan.gov

Attachment A: ADA Complaint Form

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to appeal a complaint filed with the Michigan Department of Transportation for alleged violations of ADA. If you need assistance completing this form, please contact us by phone at 517-241-4424 or TTY through the Michigan Relay Center at 844-578-6563 or dial 711.

*Optional fields

*Name_____ *Phone number_____ *Alt. phone number_____

*Address_____

*City_____ *State_____ *Zip Code_____

*Email address_____ Date_____

*Preferred method of contact: Email Phone Mail

Provide a detailed explanation of the accessibility barrier or discrimination.

Select each of the following that are applicable to the access barrier or discrimination complaint

Public Rights of Way Program Service Activity

Provide a solution to the complaint.

Has any other agency been contacted regarding this request?

Yes No If yes, what agency or agencies did you contact?

If you spoke to an agency or agencies, who were the agents you spoke with?

Signature _____ Date _____

The laws enforced by this department prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form please contact:

Michigan Department of Transportation-Office of Business Development

ADA/504 Coordinator

425 West Ottawa Street

P.O. Box 30050

Lansing, Michigan 48933

Phone: 517-241-4424

Fax: 517-335-0945

TTY: 844-578-6563 or dial 711

MDOT-ADA@Michigan.gov

Attachment B: ADA Complaint Appeal Form

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Name _____ Phone number _____ Alt. phone number _____

Address _____

City _____ State _____ Zip Code _____

Email address _____ **Date** _____

Preferred method of contact: Email Phone Mail

Date of MDOT letter providing notice of finding _____

Complaint reference number provided on MDOT notice letter: _____

Explain the reason(s) for your appeal. Include reason(s) for disagreement with MDOT findings.

Signature _____ **Date** _____

If you have questions regarding the completion of this form, please contact:

Michigan Department of Transportation-Office of Business Development

ADA/504 Coordinator

425 West Ottawa Street

P.O. Box 30050

Lansing, Michigan 48933

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