

# PennDOT ADA Grievance Form

FOR COMPLAINTS OF DISCRIMINATION IN ACCESS TO SERVICES PROGRAMS AND FACILITIES FOR PERSONS WITH DISABILITIES

It is the policy of the Pennsylvania Department of Transportation (PennDOT), not to discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities.

Furthermore, it is the policy of PennDOT to encourage the informal resolution of complaints or grievances based on alleged disability discrimination. All attempts shall be made to resolve such matters through informal means at any stage of the process. A Grievance Procedure has been established to meet the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, and Title II of the Americans with Disabilities Act of 1990. These procedures and accompanying complaint form should be used by individuals wishing to file a complaint alleging discrimination by PennDOT on the basis of disability, regarding access to the services, activities, programs and facilities of the Department. If unsure which Department is responsible for your complaint, please contact Ryan VanKirk.

Ryan VanKirk  
 Highway Administration  
 ADA Coordinator  
 400 North Street, 7th Floor  
 Harrisburg, PA 17120-0094  
[E-mail: rvankirk@pa.gov](mailto:rvankirk@pa.gov)

Terry Pearsall  
 Facilities Management  
 ADA Coordinator  
 400 North Street, 6<sup>th</sup> Floor  
 Harrisburg, PA 17120-0094  
[Email: tpearsall@pa.gov](mailto:tpearsall@pa.gov)

JoEllen Clapsadl  
 Public Transportation  
 ADA Coordinator  
 400 North Street, 7<sup>th</sup> Floor  
 Harrisburg, PA 17120-0094  
[E-mail: jclapsadl@pa.gov](mailto:jclapsadl@pa.gov)

Rayna Lemelle  
 Driver & Vehicle Services  
 ADA Coordinator  
 1101 S. Front Street  
 Harrisburg, PA 17104  
[E-mail: rlemelle@pa.gov](mailto:rlemelle@pa.gov)

<p style="text-align: right;"><i>Date Recorded</i></p> <hr/> <p><b>Grievant:</b></p> <p style="text-align: right;"><i>Last Name, First Name</i></p> <hr/> <p style="text-align: right;"><i>Street Address</i></p> <hr/> <p style="text-align: right;"><i>City</i></p> <hr/> <p style="text-align: right;"><i>Zip</i></p> <hr/> <p style="text-align: right;"><i>(Area) - Phone Number</i></p> <hr/> <p><b>Person filing Grievance</b></p> <p><input type="radio"/> Same as grievant  <input type="radio"/> See Below</p> <p style="text-align: right;"><i>Last Name, First Name</i></p> <hr/> <p style="text-align: right;"><i>Street Address</i></p> <hr/> <p style="text-align: right;"><i>City</i></p> <hr/> <p style="text-align: right;"><i>Zip</i></p> <hr/> <p style="text-align: right;"><i>(Area) - Phone Number</i></p> <hr/> <p><b>Alleged Violation:</b></p> <hr/> <hr/> <hr/> <p><b>Requested Action to Correct Alleged Violation:</b></p> <hr/> <hr/> <hr/>	<p style="text-align: left;"><i>Name of Recorder</i></p> <hr/> <p><b>Location Grievance Occurred</b></p> <p style="text-align: left;"><i>Street Address</i></p> <hr/> <p style="text-align: left;"><i>City</i></p> <hr/> <p style="text-align: left;"><i>Zip</i></p> <hr/> <p style="text-align: left;"><i>Building</i></p> <hr/> <p style="text-align: left;"><i>Floor</i></p> <hr/> <p style="text-align: left;"><i>Date</i></p> <hr/> <p><b>Has Complaint been Filed with a State/Federal Agency?</b></p> <p><input type="radio"/> No  <input type="radio"/> Yes, See Below</p> <p style="text-align: left;"><i>Name of Agency</i></p> <hr/> <p style="text-align: left;"><i>Contact Person at Agency</i></p> <hr/> <p style="text-align: left;"><i>Date Filed</i></p> <hr/>
---	---