

NEBRASKA DEPARTMENT OF TRANSPORTATION
Pedestrian Accessibility Complaint Process Form
 STATE HIGHWAY SYSTEM

Please complete this form, sign and return to the address at the bottom

Complainant					
Address		City		State	Zip Code
Phone			Email		
LOCATION OF COMPLAINT AREA					
City/Village:		County:			
Highway Number:		Side of Highway:		North	South
Milepost Number:				East	West
Intersecting Highway/Street:		Quadrant of Intersection:			
Does this involve:					
<input type="checkbox"/>	SIDEWALK	<input type="checkbox"/>	CURB	<input type="checkbox"/>	CURB RAMP
<input type="checkbox"/>		<input type="checkbox"/>	SIGNAL	<input type="checkbox"/>	CROSSWALK
<input type="checkbox"/>		<input type="checkbox"/>	OTHER		
Other descriptive information to assist in identification of the area in question:					
Please describe how or why you believe the area to be inaccessible. Please provide as much detail as possible:					
Please describe what you believe should to be done to provide accessibility to this location:					
Have you previously contacted the NDOT regarding this issue?				YES	NO
If yes, Person/Agency Contacted:					
Date of Contact:					
Result or Outcome:					
(signature)			(date)		
OFFICIAL USE ONLY:					
Received by:					
Date Received:					

Mail: NDOT Civil Rights Office
 1500 Hwy 2
 PO Box 94759
 Lincoln, NE 68509-4759

Email: ndot.civilrights@nebraska.gov