

Pedestrian Accessibility Complaint Process Form

NEBRASKA

Good Life. Great Journey.

DEPARTMENT OF TRANSPORTATION

Please complete, sign, and return this form to the address listed at the bottom of the page.

Complainant name										
Address				City			State		Zip code	
Phone				Email						

Location of complaint area									
City/Village				County					
Highway number				Side of highway		North	South	East	West
Milepost number				Quadrant of intersection					
Intersecting highway/street									

Please check the area(s) that your complaint involves:	Sidewalk	Curb	Curb ramp	Signal	Crosswalk	Other
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Additional details to aid in identifying the relevant area:

In as much detail as possible, please describe how or why you believe the area to be inaccessible:

Please describe the accessibility improvements you recommend for this location:

Have you previously contacted the NDOT regarding this issue?		Yes	No
If yes, person/agency contacted		Date of contact	
Result or outcome			

To process your complaint, please ensure it is signed and dated below.	
Signature	
Date	

MAIL  **NDOT Civil Rights Office**
1500 Nebraska Parkway
PO Box 94759
Lincoln, NE 68509-4759

EMAIL  ndot.civilrights@nebraska.gov

NDOT USE ONLY				
Received by			Date received	