



State of South Dakota  
**Department of Transportation**

**Americans with  
Disabilities Act**  
Public Right-of-Way

**GRIEVANCE FORM**

Personal Information

NAME: \_\_\_\_\_  
Last First MI  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: ( ) - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Organization (if any)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: ( ) - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Location of Physical Barrier (if applicable)

CITY: \_\_\_\_\_ HIGHWAY / INTERSTATE #: \_\_\_\_\_  
STREET INTERSECTION: \_\_\_\_\_  
NEARBY LANDMARKS OR BUSINESSES: \_\_\_\_\_

Report of Incident of Discrimination under the ADA (if applicable)

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_ PERSON(S) INVOLVED: \_\_\_\_\_  
WITNESSES: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Please describe any alleged incidents of discrimination: \_\_\_\_\_  
\_\_\_\_\_

Requests

Please list any suggested changes or improvements to achieve accessibility: \_\_\_\_\_  
\_\_\_\_\_

Mail to: Department of Transportation Telephone: 605-773-3540  
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Pierre, SD 57501-2586 Email: june.hansen@state.sd.us