

**Maryland State Highway Administration  
ADA/504 Complaint/Grievance Form**

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship of Preparer to Complainant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit number: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a complete description of the specific complaint or grievance, including date of alleged violation. Use additional pages or provide copies of documentation that may substantiate any allegations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any locations(s) related to the complaint or grievance (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state as specifically as possible what you think should be done to resolve the complaint or grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact you personally? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate how you'd like to be contacted. Phone \_\_\_\_\_ E-mail \_\_\_\_\_ USPS \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant/Preparer

\_\_\_\_\_  
Date

Return this form to: Maryland State Highway Administration,  
ADA Title II Coordinator, Mail Stop M-LL3  
707 North Calvert Street  
Baltimore, MD 21202

Upon request, copies of this form will be provided in alternative formats. Please contact the ADA Title II Coordinator at the address listed above, via telephone at 410-545-0362; Toll free 1-888-204-0157; TDD 1-800-735-2258. (Maryland Relay)