

**Attachment I-3**

STATE OF HAWAII - DEPARTMENT OF TRANSPORTATION  
AMERICANS WITH DISABILITIES ACT – TITLE II

**GRIEVANCE FORM**

**1. Complainant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Designee (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. Date (s) Incident Occurred:** \_\_\_\_\_

**4. Nature of Complaint**

(Please include date, time, place, people involved, witnesses and circumstances).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Request for Special Accommodations (Describe)** \_\_\_\_\_

**Mail To:**

State of Hawaii - Department of Transportation  
Office of Civil Rights, Room 112  
869 Punchbowl Street  
Honolulu, Hawaii 96813  
Phone (808) 587-7584 [Voice], 587-2210 [TDD]  
Fax: (808) 587-6306  
E-mail: mike\_medeiros@exec.state.hi.us