

# REASONABLE ACCOMMODATION REQUEST FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email [ODOT-ada-titlevi@odot.org](mailto:ODOT-ada-titlevi@odot.org).

Date of Filing: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Alleged Incident: \_\_\_\_\_



Oklahoma Department of Transportation  
Civil Rights Division  
200 N.E. 21<sup>st</sup> Street, Room 1-C1  
Oklahoma City, OK. 73105-3204  
Office: 405-521-4140  
Fax: 405-522-4895  
Email: [ODOT-ada-titlevi@odot.org](mailto:ODOT-ada-titlevi@odot.org)

Type(s) of Disability(ies):

- Speech                       Hearing                       Visual  
 Mobility                       Mental / Emotional                       Other: \_\_\_\_\_

1. Nature and/or cause of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What limitation(s) are interfering with your ability to perform your job or access an employment benefit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How do these limitations affect you and/or your job performance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What specific job tasks are problematic as a result of these limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If you are requesting a specific accommodation, how will that accommodation assist you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please attach and/or provide any additional information that might be useful in processing your accommodation request.**

The completed form must be submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date