



Americans with Disabilities Act (ADA) Grievance/Complaint 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 Barriers (if applicable)

PARK OR AREA: _____	BUILDING OR FACILITY: _____
LOCATION: _____	
OTHER FACILITIES: _____	

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

DATE: ___ / ___ / _____	PERSON(S) INVOLVED: _____
WITNESSES: _____	PHONE: (____) _____ - _____
Please describe any alleged incidents of discrimination: _____	

Please list any suggested changes or improvements to achieve accessibility: _____

Mail to: South Dakota Game, Fish and Parks
ATTN: ADA Coordinator
523 East Capital Avenue
Pierre, SD 57501

Phone: 605-773-3391

FAX: 605-773-6245

Email: al.nedved@state.sd.us

Telecommunication Device for the Deaf: 1-605-223-7684