

ADA Complaint Form

Today's Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Best way to contact you: _____

If you use a mobility aid please indicate the type or model: _____

About the Incident: _____

Date: _____

Time: _____

Location: _____

Route/Stop, if known: _____

Name(s) of employee(s) or others:

Clear description of the incident:-

Other documentation including photographs or video (may be emailed to dawn.shsenior@gmail.com or georgette.shsenior@gmail.com) :