

ADA/REASONABLE MODIFICATION APPEAL FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone, Cell or Land Line: _____

E-Mail (if applicable): _____

SELECT ONE:

I am appealing a complaint.

I am appealing a reasonable modification decision.

Please describe and define your appeal as specifically as possible: _____

In your opinion, what determinant(s) regarding SRTS policy, procedure, service provisions, or other factors are not being considered? _____

Why is the complaint resolution or modification decision not fair or equitably determined? _____

ADA APPEAL FORM

*"I affirm that I have accurately described the above charge and read it.
It is true to my best knowledge."*

Complainant's Signature

Date

SRTS PERSONNEL USE

Received by: _____

Date: _____