

ADA/REASONABLE MODIFICATION COMPLAINT FORM

Please describe the nature and reason(s) for your complaint: _____

Location: _____

Date of Incident: _____

Time of Day _____

Witness: _____

SRTS Employee Name and/or Title (if applicable): _____

Have you filed a formal complaint with any other federal, state, or local agency in regard to your complaint? _____

If so, please give the name and contact information for that agency: _____

*"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: _____