ADA COMPLAINT FORM
Section 1: Contact Information
Name:
Address:
City, State, Zip code:
Phone:
Email Address:
Accessible Format Requirements: Circle each that applies
Large Print TDD/Relay Audio Recording Other:
Section 2:
Date of Occurrence: Time of Occurrence:
Name of Employee of others involved:
Location of Complaint of incident:
Please describe your complaint:
May we contact you for more information? Yes No

If you wish to appeal the decision or resolution, you must do so within 30 days from the date of the written decision or denial. All appeals should be sent to: Chris Kleehammer, Assistant Executive Director, P.O. Box 909, Dunlap, TN 37327 or email him at ckleehammer@sethra.us. All complaints are kept on file for 5 years.