

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

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: Assistant Executive Director, P.O. Box 909, Dunlap, TN 37327 or email [customerservice@sethra.us](mailto:customerservice@sethra.us) with the ADA Complaint in the subject line. All complaints are kept on file for 5 years.