

# ADA 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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*Complainant's Signature*

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*Date*

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**SRTS PERSONNEL USE**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_