Spartanburg Regional County Transportation Services
ADA Disability Discrimination Complaint Form

✓ Please fill out form completely (If assistance is needed, read the Discrimination Complaint Process for instructions on filing and completing the form).
✓ Upon completion of this form please send to supervisor

Person filling out this form

Name ___________________________ Email ___________________________

Phone ___________________________

Person(s) Discriminated Against (Complainant)

Name ___________________________ Phone ___________________________

Name ___________________________ Phone ___________________________

Address ___________________________________________________________

Address ___________________________________________________________

Discriminatory Incident

When did the discrimination act occur?
Date/Time: ___________________________________________________________

Where did the discrimination occur? _______________________________________

Describe the act of discrimination: _______________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Response/Action _______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signature ___________________________

Date Addressed ______________________

Date Resolved ______________________