

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 _____
Phone _____ Email _____

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 _____