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: Nancy Sutherland, Executive Director, P.O. Box Dunlap, Tn. 37327 or email her at nsutherland@sethra.us. All complaints are kept on file for 5 years.