

**Southeast Vermont Transit, Inc.  
ADA Complaint Form**

Any person who believes she or he has been discriminated against on the basis of a disability by Southeast Vermont Transit, Inc. (SEVT) may file an ADA complaint.

Date Complaint Received: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email Address of Complainant: \_\_\_\_\_

1. Date of Alleged Incident: \_\_\_\_\_

2. Location of Alleged Incident: \_\_\_\_\_

3. Name(s) of SEVT Staff Involved: \_\_\_\_\_

4. Summary of the Allegations/Nature of the Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Update of Complaint Status:

Date	Status of the Complaint	Actions Taken, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____