

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 Allegations / Nature of Complaint:

Update of Complaint Status:

Date

Status of Complaint

Actions Taken, if any
