## Southern Iowa Trolley

Phone 641-782-6571

215 MONTGOMERY STREET CRESTON, IOWA 50801

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Fax 641-782-4096

## **ADA Complaint Form**

<b>Documen</b>	tation								
Employee	Recording	g Request:							
Date:									
Method R	eceived (C	Circle One)		Email	Phone	Letter			
Complain	ant								
Name:									
SIT Affilia	tion (circle	one)		Driver	Staff	None			
Phone:									
Email:									
Address:									
City:			State:		Zip:				
Complain	t								
Subject:									
Description	n:								
Complain Determination									
Violation	Found:	Yes	No						
Violation	Found:	Yes	No step to be t	taken. If N	o, justifica	tion for de	terminati	on.	
Violation	Found:	Yes		taken. If N	o, justifica	tion for de	terminati	on.	
Violation	Found:	Yes		taken. If N	o, justifica	tion for de	terminati	on.	
Violation	Found:	Yes		taken. If N	o, justifica	tion for de	terminati	on.	
Violation	Found:	Yes		taken. If N	o, justifica	tion for de	terminati	on.	
Violation If Yes, des	Found: scription of	Yes f remedial	step to be 1	taken. If N	o, justifica	tion for de	terminati	on.	
Violation If Yes, des	Found: scription of	Yes	step to be 1	taken. If N	o, justifica	tion for de	terminati	on.	
Violation If Yes, des	Found: scription of	Yes f remedial	step to be 1	taken. If N	o, justifica	tion for de	terminati	on.	
Violation If Yes, des	Found: scription of	Yes f remedial	step to be 1	taken. If N	o, justifica	tion for de	terminati	on.	
Violation If Yes, des  Managem Name:	Found: scription of	Yes f remedial	step to be 1	taken. If N		tion for de	terminati	on.	
Violation If Yes, des  Managem Name: Signature	Found: scription of	Yes f remedial	step to be 1	taken. If N		tion for de	terminati	on.	
Managem Name: Signature Follow up	Found: scription of	Yes f remedial	step to be t	taken. If N		tion for de	terminati	on.	
Managem Name: Signature Follow up	Found: scription of	Yes f remedial	step to be t		Date:		terminati	on.	Oct-21
Managem Name: Signature Follow up	Found: scription of	Yes f remedial	step to be t		Date:		terminati	on.	Oct-21

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