

**CITY OF SIDNEY
SHELBY PUBLIC TRANSIT
ADA COMPLAINT FORM
ADA Coordinator: 937.498.8151**

Section I: Contact Information

Name:

Address:

Telephone (Home):

(Cell):

(Work):

Email Address:

Accessible Format

Large Print

Audio Tape

Requirements?

TDD

Other

Section II: Complaint Details

Date of Occurrence:

Time of Occurrence:

Vehicle ID/Number:

Mobility Aid Used (if any):

Name of Employee(s) or Others Involved:

Direction of Travel:

Location of Incident

If above information is unknown, please provide other descriptive information to help identify the employee:

Description of Incident:

Section III: Follow Up

May we contact you if we need more details or information?

Yes

No

What is the best way to reach you? (Choose One)

Phone

Email

Mail

If a phone call is preferred, what is the best day and time to reach you?

Section III: Desired Response (Choose One)

- Email response

-Telephone response

- Response by Mail