

Knox County CAC Transit ADA/Reasonable Modification Complaint Form

Note: The following information is requested to help in processing your complaint. If you need help in completing this form please request assistance.

Complainant Name: _____

Address: _____

Telephone Number: _____

Date your original modification request was submitted: _____

In the space below please describe why you think the denial of your request is discriminatory.

(If more space is needed, attach additional sheet)

Please sign below. You may attach any additional information you think is relevant to your complaint.

Name

Date

Please return to:
Windie Wilson
ADA Coordinator
Knoxville-Knox County Community Action Committee
2247 Western Avenue
Knoxville, TN 37921
865-546-3500