



ADA Complaint Form

KAT is committed to providing our informational materials in formats some of our customers might need, upon request and as a reasonable accommodation. Requests of this type can be made through 865-637-3000 or the email address connect@katbus.com.

Contact Information

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____ E-mail address: _____

Details of the event that led to the complaint

Date of occurrence: _____ Time of occurrence: _____

Bus route/Bus number (if applicable): _____

Name of employee or others involved (if known): _____

Location of complaint or incident: _____

Please describe your complaint in as much detail as possible: _____

You will be contacted promptly in response to your complaint. We thank you for getting in touch and riding with us.