



## 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](mailto: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: \_\_\_\_\_

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