cambus
840 Evashevski Drive, 100 WCTC
Iowa City, IA 52242
319-335-8633
cambus-transit@uiowa.edu

ADA Complaint Form

Documentation		
Employee Recording Request:		
Date:		
Method Received (circle one): Email Phone Letter		
Complainant		
Name:		
UI Affiliation (circle one): Student Faculty/Staff None	UI Worksite (if applicable):	
Phone:		
Email:		
Address:		
City:	State:	Zip:
Complaint		
Subject:		
Description:		
Complaint Determination		
Violation Found: Yes No		
If Yes, description of remedial step to be taken. If No, justification for determination.		
Management Acknowledgement		
Name:		
Signature:	Date:	
Follow up		
Date:		
Method Contacted (circle one): Email Phone Letter		