



ADA Complaint Form

University of Iowa Cambus Transit System

Instructions

If you are a Cambus employee filling out this form on behalf of someone else, please fill out sections 1, 2, 3, and 4.

If you are not a Cambus employee and are filling out this form on behalf of yourself, please fill out sections 2, 3, and 4.

Once the form is complete, please email or mail a copy to the Cambus office at:

University of Iowa Cambus
Attn. ADA Coordinator
840 Evashevski Drive
Iowa City, IA 52242

For assistance with filling out this form, please contact Cambus at 319-335-8633 or email cambus-transit@uiowa.edu.

Section 1 – Cambus employee recording complaint

Employee recording information: _____

Date: _____ Time: _____

Received by: Email Phone Letter

Section 2 – Complainant information

Name: _____

UI affiliation: Student Faculty/Staff None

UI worksite: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Section 3 – Complaint information

Incident date: _____ Incident time: _____

Subject: _____

Route: _____ Bus #: _____

Description:

Section 4 – Signature

Complainant signature _____ Date _____

Below this line for Cambus management use only

Section 5 - Complaint determination and follow-up

Violation found: Yes No

If yes, description of remedial step to be taken. If no, justification for determination:

Name: _____

Signature: _____ Date: _____

Follow up

Date: _____

Method contacted: Email Phone Letter