



Americans with Disabilities Act (ADA) Complaint Form

Contact Information

First Name: _____ Last Name: _____

Street Name: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Details of the event that led to the complaint

Date of Occurrence: _____ Time of Occurrence: _____

Bus Number (if applicable): _____

Route Number (if applicable): _____

Location of incident: _____

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

Please describe your complaint in as much detail as possible:

Please send the completed form to connect@katbus.com or by mail to the address below:

Knoxville Area Transit
Attn: Isaac Thorne
301 E Church Ave, Knoxville, TN 37915