



# REASONABLE ACCOMODATION (MODIFICATION) COMPLAINT FORM

## I. COMPLAINANT INFORMATION:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Is this request for reasonable accommodation (modification) relative to:

- Sun Tran
- Sun Van
- Sun Link
- Sun Shuttle
- Sun Shuttle Dial-A-Ride
- Sun Shuttle Dial-A-Ride (Oro Valley)

## II. Please describe the type of reasonable accommodation (modification) you requested but in which you were denied:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## III. Please include the date(s) in which you requested the reasonable accommodation (modification):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IV. Please list the person(s) from which you requested the reasonable accommodation (modification) from:

\_\_\_\_\_

\_\_\_\_\_

## V. Have you filed the same/similar complaint with another agency? Yes No

If yes, please list which agencies: \_\_\_\_\_

## VI. Oath of Affirmation:

I affirm that the information I have provided in this complaint and any attachments is true and accurate to the best of my knowledge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Please return the completed complaint form with documentation relating to this complaint to:

**Address:**  
 City of Tucson Department of Transportation  
 Transit Services Division  
 Attention: Transit Services Coordinator  
 P.O. Box 27210  
 Tucson, Arizona 85726

**Telephone:** (520) 791-5409  
**E-Mail:** suntraninfo@tucsonaz.gov