

Spartanburg Regional County Transportation Services ADA Disability Discrimination Complaint Form

- ✓ Please fill out form completely (If assistance is needed, read the Discrimination Complaint Process for instructions on filing and completing the form).
- ✓ Upon completion of this form please send to supervisor

Person filling out this form

Name _____
Phone _____ Email _____

Person(s) Discriminated Against (Complainant)

Name _____ Phone _____
Name _____ Phone _____
Address _____
Address _____

Discriminatory Incident

When did the discrimination act occur?

Date/Time: _____

Where did the discrimination occur? _____

Describe the act of discrimination: _____

Response/Action _____

Signature _____

Date Addressed _____

Date Resolved _____



A complaint can be filed orally or in writing with Spartanburg Medical Center Transportation Department at the address below within 30 days:

Spartanburg Medical Center Transportation Services
Attn: Manager – Transport Services
693 North Church Street
Spartanburg, South Carolina 29303
Phone: 864-560-4118 Option 1 or
Phone: 1-800-277-7762

Spartanburg Medical Center Transportation Services will investigate the complaint and respond within 15 business days. Complaints filed with Spartanburg Medical Center Transportation Services will be maintained for a period of seven (7) years.