



**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form**

- Please fill out this form completely.
- Print or type the information.
- Sign and return this form to the address shown below.

Complainant Name:

Address:

City, State, and Zip:

Home Phone:

Cell Phone:

Email:

Person Discriminated Against (if other than complainant):

Address:

City, State, and Zip:

Home Phone:

Cell Phone:

Email:

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes: _____ No: _____

If yes, what is the status of the grievance?

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes: _____ No: _____

If yes, please provide the following information:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip: _____

Do you intend to file with another agency or court?

Yes: _____ No: _____

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip: _____

Additional space for answers:

Signature: _____

Date: _____

Return Form to:

FAST
2000 Cadenasso Drive
Fairfield, CA 94533
(707) 434-3800