

## 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 addres	ss 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:	

discriminating act: Name:\_\_\_\_\_ Address:\_\_\_\_ City, State and Zip: Phone: Cell Phone: \_\_\_\_ Email:\_\_\_\_\_ When did the discrimination occur? Time:\_\_\_\_\_ Date:\_\_\_\_\_ Describe the acts of discrimination providing names (where possible) of individuals, route numbers, date and time of incident:

Government, organization, or institution which you believe has committed a

	been made to resolve this complaint through the internal grievance the government, organization, or institution?
Yes:	_ No:
If yes, what is	s the status of the grievance?
-	plaint been filed with the Department of Justice or any other Federal, I civil rights agency or court?
Yes:	_ No:
If yes, please	provide the following information:
Agency or Co	ourt:
Contact Pers	on:
	nd Zip:
	d to file with another agency or court?
Yes:	_ No:
Agency or Co	ourt:
	on:

Address:
City, State, and Zip:
Additional space for answers:
Signature:
Date:
Return Form to:
FAST 2000 Cadenasso Drive

Free language assistance Asistencia gratis en su idioma Libreng tulong para sa wika L 免費語言幫助

Fairfield, CA 94533 (707) 434-3800