



CITY OF FAIRFIELD
FAIRFIELD AND SUISUN TRANSIT (FAST)
 Title II of the American with Disabilities Act Section 504
 of the Rehabilitation Act of 1973

FORMAL WRITTEN COMPLAINT FOR ACCOMMODATION OR BARRIER REMOVAL

Name of Person Making Complaint: _____
 Address: _____
 City, State, and Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

If person needing accommodation is not the individual completing this form, please enter:
 Name of Person Making Complaint: _____
 Home Phone: _____ Cell Phone: _____

ACCOMMODATION or BARRIER REMOVAL (please circle one)

Accommodation needed or location of barrier:

If a Request for Accommodation or Barrier Removal was filed, please provide:
 Date request was filed: _____
 Were you contacted after filing your request: Yes: _____ No: _____
 If yes, was the resolution satisfactory to you? Yes: _____ No: _____
 If no, please state why:

Brief statement of why the accommodation is needed or the barrier removed:

Date accommodation is needed: _____

Signature: _____ Date: _____

Please give the completed form to the department where accommodation is needed or send to:

City of Fairfield
 Fairfield and Suisun Transit
 Attn: April Cobb, ADA Coordinator
 2000 Cadenasso Drive, Fairfield, CA 94533
 Phone: (707) 434-3800 FAX: (707) 426-3298