



**CITY OF FAIRFIELD  
PUBLIC WORKS – TRANSPORTATION  
FAST**

**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:

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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Person discriminated against (if other than complainant):

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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Government, organization, or institution which you believe has committed a discriminating act:

Complainant Name:

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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When did the discrimination occur?

Date:

Time:

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Where did the discrimination occur?

Location:

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Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):

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

Yes:

No:

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If yes, please provide the following information:

Agency or Court:

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Contact Person:

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Address:

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City, State, and Zip:

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Do you intend to file with another agency or court?

Yes:

No:

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Agency or Court:

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Contact Person:

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Address:

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City, State, and Zip:

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Additional space for answers:

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Signature:

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Date:

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Return Form to:

FAST

Attn: Tiffany Plater, ADA Coordinator

2000 Cadenasso Drive

Fairfield, CA 94533

(707) 434-3800 FAX: (707) 426-3298

[tplater@fairfield.ca.gov](mailto:tplater@fairfield.ca.gov)

[www.fasttransit.org](http://www.fasttransit.org)