



**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:

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Cell Phone:

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:

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Cell Phone:

Email:

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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?

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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: \_\_\_\_\_

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:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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)

