



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

Name:	
Address:	
Telephone (Home):	Telephone (Work/Cell):
Electronic Mail Address:	
Person discriminated against (if other than complainant):	
Address	
Telephone (Home):	Telephone (Work/Cell):
Electronic Mail Address:	
Government, organization, or institution you believe has committed a discriminating act:	
Complainant Name:	
Address:	
Telephone (Home):	Telephone (Work/Cell):
Email:	
When did the discrimination occur?	
Date:	Time:
Where did the discrimination occur?	
Location:	
Describe the acts of discrimination providing names (where possible) along with details of the incident including bus/vehicle information and route numbers (if applicable).	

