

YUBA-SUTTER TRANSIT AUTHORITY Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination ComplaintForm

Fill out this form completely and sign and return this form to the address shown below.

Complainant Name:		
Address:		
City, State, and Zip:		
Home Phone:	Cell Phone:	
Email:		
Person discriminated against (if other than co	mplainant):	
Address:		
City, State, and Zip:		
Home Phone:	Cell Phone:	
Email:		
Government, organization, or institution which you believe has committed a discriminating act:		
Complainant Name:		
Address: City, State, and Zip:		
Home Phone:	Cell Phone:	
Email:		

When did the discrimination occur?

Date:	Гіте:	
Where did the discrimination occur?		
Location: F	Route:	
•	viding names (where possible) of individuals ing the bus and route numbers (if applicable):	
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 info	rmation:	
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:	
Signature:	
Date:	
Return Form to:	
Yuba-Sutter Transit Authority Attn: Keith Martin, Transit Manager 2100 B St. Marysville, CA 95901	

(530) 634-6880 FAX: (530) 634-6888 Email: <u>keith@yubasuttertransit.com</u> <u>www.yubasuttertransit.com</u>