



1001 Allison Drive • Vacaville, California 95687 • (707) 449 - 6000 citycoach.com

Vacaville City Coach
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: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Person discriminated against (if other than complainant): _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

Name: _____

Address: _____

City, State, and Zip:

Home Phone:

Cell Phone:

Email:

When did the discrimination occur?

Date:

Time:

Where did the discrimination occur?

Location:

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):

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:

