## **Clinton Area Transit System**

## Title II of the Americans with Disabilities Act (ADA) Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Clinton Transit ADA Coordinator

215 N. Scott Road, St	Johns, MI 48879			
Fax: (989) 224-7034				
ADACoordinator@clint	ontransit.com			
Complainant Full Name:				
Address:				
City, State and Zip Code:				
Telephone: Home: ( )				
Email address:				
Person Discriminated Against:(if other than the complainant)				
Address:				
City, State and Zip Code:				
Telephone: Home: ()	Mobile:	(	)	
Email address:				
When did the discrimination occur?	Date:			
are the distribution occur.				

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:					
Signatura					
Signature:					
Date:					