



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

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 complainant): _____

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: _____

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: keith@yubasuttertransit.com
www.yubasuttertransit.com