

DISCRIMINATION COMPLAINT FORM
City of South Portland
South Portland Bus Service
Americans with Disabilities Act

1. Name: _____

2. Address: _____

3. Telephone Number: _____

4. Name of person charged with discrimination (respondent):

5. Date of alleged discriminatory act:: _____

6. Type of discrimination e.g. failure to provide bus service or reasonable accommodation

7. Please write a summary of the facts supporting your complaint (use additional pages as necessary):

8. Names of witnesses to the alleged discriminatory act:

9. What do you want as a remedy for the alleged discrimination?

Signed: _____

Date: _____