

**CITY OF SIOUX FALLS
SIOUX AREA METRO (SAM)**

**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.

Organization 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: _____

City, State, and Zip: _____

Do you intend to file with another agency or court?

Yes No

If yes, please provide the following information:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip: _____

Additional space for answers:

Signature: _____ Date: _____

Return Form to:
City of Sioux Falls/Sioux Area Metro
Attn: General Manager
500 East 6th Street
Sioux Falls, SD 57103
(605) 367-7151
FAX: (605) 367-7182