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):

________________________________________________________________________
________________________________________________________________________
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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: __________________________

Agency or Court: _____________________________________________
Contact Person: ______________________________________________
Address: ____________________________________________________
City, State, and Zip: ___________________________________________