

**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: _____

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 E. 6th Street
Sioux Falls, SD 57103
(605) 367-7151 FAX: (605) 367-7182