

**Clinton Area Transit System**

**Title II of the Americans with Disabilities Act (ADA)  
Section 504 of the Rehabilitation Act of 1973  
Discrimination Complaint Form**

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Clinton Transit ADA Coordinator  
215 N. Scott Road, St Johns, MI 48879  
Fax: (989) 224-7034  
[ADACoordinator@clintontransit.com](mailto:ADACoordinator@clintontransit.com)

Complainant Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone:

Home: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Person Discriminated Against: \_\_\_\_\_  
(if other than the complainant)

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone:

Home: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

