



**Louise W. Eggleston Center, Inc.
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 below**

Complainant Name: _____

Address: _____

City, State Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Person discriminated against (if other than complainant): _____

Address: _____

City, State Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Government, Organization or institution which you believe has committed a discriminating act.

Complainant Name: _____

Address: _____

City, State 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 Zip _____