Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

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

STARS
Attn: ADA Coordinator
615 Johnson Street, Saginaw, MI 48607
FAX: 989-753-8255

Complainant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Numbers:

Home: _____

Cell: _____

Business: _____

Person Discriminated Against: _____
(if other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone:

Home: _____

Cell: _____

Business: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

_____

_____

_____

_____

_____

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_____

_____

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_____

_____

Signature: _____

Date: _____