



**CITY OF SANTA MONICA
DEPARTMENT OF TRANSPORTATION
Big Blue Bus**

**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. Please print
or type the information.

Please 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:



Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Circle one: 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?

Circle one: Yes | No

Agency or Court:

Contact Person:

Address:

City, State, and Zip:

Additional space for answers:

Signature:

Date:

Return Form to:

City of Santa Monica, Department of Transportation
Attn: Bridget Cade, Administrative Services Officer
1660 Seventh Street
Santa Monica, CA 90401
Bridget.cade@santamonica.gov