



Solano County Transit

311 Sacramento Street, Vallejo, CA 94590 | (707)736-6990

Discrimination Complaint Form

Your Name: _____ Your Phone: () _____
 Address: _____ City, State, Zip _____
 Email: _____ Incident Date: _____

On what basis were you allegedly discriminated against?

ADA	Title VI	Other
<input type="checkbox"/> Disability	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	<input type="checkbox"/> Gender/Gender Identity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion

In the space provided below, please explain as clearly as possible what happened and how you were allegedly discriminated against. Indicate who was involved and who you believe was responsible. If more space is needed, you may continue on the back of this form or attach a letter.

Have you filed this complaint with another federal, state, or local agency? Yes No
If so, please provide the information for the agency contacted, below:

Agency: _____ Phone: () _____
 Address: _____ City, State, Zip _____
 Email: _____ Contact Name: _____

Please sign below. By signing this form you affirm that the complaint as described above is true to the best of your knowledge.

Signature:

Date:

Please mail this completed form to:

SolTrans
Attn: Civil Rights Officer
311 Sacramento Street
Vallejo, CA 94590