

Board Approved: June 14, 2022

Attachment B

**Gladwin City County Transit
ADA Discrimination Complaint Form**

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

Gladwin City County Transit ADA Coordinator
615 Weaver Court
Gladwin, MI 48624
989-426-5947 Fax
kim@gladwintransit.com

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

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: _____

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

Signature: _____

Date: _____