

**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, fax, or email to:

Transportation Manager, ADA Coordinator

521 Stempky Street, Suite B

Cheboygan, MI 49721

Fax: 231-597-0178

srr@cheboygancounty.net

Complainant: _____

Address: _____

City, State, Zip Code: _____

Telephone: (Home) _____

(Cell) _____

(Business) _____

Person Discriminated Against: _____

(If other than complainant)

Address: _____

City, State, Zip Code: _____

Telephone: (Home) _____

When did the discrimination occur? Date: _____

