

**Rochester Public Transit**  
**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.
- Print or type the information.
- Sign and return this form to the address shown below.

Complainant Name:

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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Person discriminated against (if other than complainant):

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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Government, organization, or institution which you believe has committed a discriminating act:

Complainant Name:

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Address:

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City, State, and Zip:

Home Phone:

Cell Phone:

Email:

When did the discrimination occur?

Date:

Time:

Where did the discrimination occur?

Location:

Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):

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

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?

Yes:

No:

Agency or Court:

Contact Person:

Address:

City, State, and Zip:

Additional space for answers:

Signature:

Date:

Return Form to:

Rochester Public Transit  
Attn: Scott Retzlaff, ADA Coordinator  
4300 East River Road NE  
Rochester, MN 55906  
(507)328-2439

[sretzlaff@rochestermn.gov](mailto:sretzlaff@rochestermn.gov)