



CITY OF TORRANCE
TORRANCE TRANSIT SYSTEM (TTS)
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 Torrance Transit Department
Attn: James Lee, Administration Manager
20500 Madrona Avenue
Torrance, CA 90503

310.781.6924 voice | 310.618.6229 fax
transit.torranceca.gov
jameslee@torranceca.gov