



lebanon transit

**LEBANON TRANSIT  
TITLE VI AND AMERICANS WITH DISABILITIES ACT  
COMPLAINT FORM**

Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance." If you feel you have been discriminated against for transit services under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act of 1990 (ADA), please provide the following information in order to assist us in processing your complaint and send to the following:

Lebanon Transit  
ATTN: Angela Lucifotti, LT Title VI Compliance Officer  
200 Willow Street  
Lebanon, PA 17042  
717.274.3664

**SECTION I:**

Please print CLEARLY:

1. Name:

\_\_\_\_\_

2. Address:

\_\_\_\_\_

3. City, State, Zip Code:

\_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 2:**

1. Are you filing this complaint on your own behalf? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If you answered "no" to question 1, please describe your relationship to the person (Complainant) for who you are filing and why you are filing for a third party.

\_\_\_\_\_  
\_\_\_\_\_

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3. Have you obtained permission from the Complainant to file this complaint on his/her behalf? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 3:**

1. Person discriminated against:

\_\_\_\_\_

2. Address of person discriminated against:

\_\_\_\_\_

City, State, Zip Code

3. Please check off why you believe the discrimination occurred:

\_\_\_\_\_ Race

\_\_\_\_\_ Color

\_\_\_\_\_ National Origin

\_\_\_\_\_ Other

4. What was the date of the alleged discrimination? \_\_\_\_\_

5. Where did the alleged discrimination take place?

\_\_\_\_\_

6. Please describe the circumstances as you saw it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any and all witnesses' names and phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What type of corrective action would you like to see taken?

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9. Please attach any documents you have which support the allegation.

10. Have you previously filed a Title VI complaint with Lebanon Transit?

Yes \_\_\_\_\_ No \_\_\_\_\_, if yes, please provide date of incident.

**SECTION 4:**

Sign and date this form and send to the LT Compliance Officer (address is listed on page 1).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

Note: Lebanon cannot accept you compliant without a signature.

