LEBANON TRANSIT
TITLE VI COMPLAINT FORM-ENGLISH

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color and 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 in transit services, please provide the following information in order to assist us in processing your complaint and

Lebanon Transit
ATTN: Ms. Angela Luciotti, Lebanon Transit Title VI Compliance Officer
200 Willow Street
Lebanon, PA 17042
717.274.3664

SECTION 1:

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.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

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? 

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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 your complaint without a signature.