



**Lebanon Transit**  
**Americans with Disabilities Act of 1990 (ADA)**  
**Complaint Form**

Lebanon Transit prohibits discrimination in all programs and services on the basis of a disability. If you feel you have been discriminated against because of a disability, please provide the following information to assist us in processing your complaint.

Please submit your complaint to:

**Ms. Angela Luciotti, ADA/Title VI Compliance Officer**  
**Lebanon Transit Authority**  
**200 Willow Street**  
**Lebanon, PA 17046**

Please Print Clearly.

**Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Accessible Format Requirements:  Large Print  TDD  Audio Tape  Other  
\_\_\_\_\_

**Section II**

Are you filing this complaint on your own behalf?  Yes  No

Please supply the name and relationship of the person you are completing the complaint form for:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of their party. \_\_\_ Yes \_\_\_ No

**Section III**

Date of Incident (MM/DD/YYYY): \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Transit Service (Fixed Route/Shared Ride/Other): \_\_\_\_\_

Route Name/Number: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_

Direction of Travel: \_\_\_ Inbound \_\_\_ Outbound

Mobility Aid Used (if any): \_\_\_\_\_

Provide the name of the individual(s) who discriminated against you. If unknown, please provide descriptive information to help identify the staff member.

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

Please explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use a separate sheet of paper.

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

Please list names and contact information for all witnesses.

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

**Section IV**

Have you previously filed an ADA complaint with Lebanon Transit \_\_\_ Yes \_\_\_ No

Have you filed an ADA complaint with a Federal, State or local agency, or with any Federal or State Court? \_\_\_ Yes \_\_\_ No

If yes, check all that apply:

Federal Agency     Federal Court     State Agency     State Court  
 Local Agency     Local Court

Please provide information for a contact person at the agency/court where the complaint was filed.

Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Section V**

Please attach any written materials or other information you think would be relevant to your complaint.

I affirm that I have read the above and the information is true to the best of my knowledge and belief.

**Signature and date required**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date