



**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.

**Lebanon Transit**  
**ATTN: Ms. Ann Marie Preston, Lebanon Transit 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 whom 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 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 it 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.



Lebanon Transit  
200 Willow Street  
Lebanon, PA 17046  
717.274.3664

Lebanon Transit is a Drug Free Workplace  
Lebanon Transit is an Equal Employment Opportunity Employer