

County of Lebanon Transit Authority (LT)



lebanon transit

**COMPLAINT FORM**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Time of call/Office Visit: \_\_\_\_\_ AM/PM

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Location of Occurrence: \_\_\_\_\_

Vehicle Identification if applicable: \_\_\_\_\_

Complaint (please be specific and detailed): Add additional sheets if necessary

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to **Manager of Operations** (name): \_\_\_\_\_

Do not write below this line. This area is for follow-up action only.

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Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Action:

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Valid: \_\_\_\_\_ Invalid: \_\_\_\_\_

**Forward Completed Resolution to Fixed Route Supervisor**

Lebanon Transit  
200 Willow St  
Lebanon, PA 17046  
717-274-3664

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