

County of Lebanon Transit Authority (LT)



COMPLIMENT FORM

Received by: _____ Date: _____

Time of call or Office Visit: _____ AM/PM

Name of Person: _____ Contact Information: _____

Nature: (please be specific and detailed)

Signed: _____ Date: _____

Forward to **Manager of Operations**: (name) _____

Do not write below this line

Received by: _____ Date: _____

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

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