County of Lebanon Transit Authority (LT)



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. Cindy Eberhart, 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
SECT	ION 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:
Ci	ty, 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?

9. Please atta	ach any documents y	ou have which support the allegation.
10. Have you	previously filed a Ti	tle VI complaint with Lebanon Transit?
***	No	, if yes, please provide date of incident.
Yes ION 4:		, if yes, preuse provide date of merdent.
ION 4:		LT Compliance Officer (address is listed on pag



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