

# County of Lebanon Transit Authority (LT)



## Complaint Form

### General, ADA (Reasonable Modification), & Title VI Civil Rights Complaint Form

Lebanon Transit is committed to providing **safe, reliable, equitable, and accessible transportation services** to all members of the public. In accordance with the Americans with Disabilities Act of 1990 (ADA), including the requirement for reasonable modifications, and Title VI of the Civil Rights Act of 1964, Lebanon Transit does not discriminate on the basis of disability, race, color, or national origin in the administration of its programs and services.

If you believe you have been subjected to discrimination, denied a reasonable modification, or otherwise treated unfairly in violation of ADA or Title VI, or you have a complaint related to service quality, scheduling, driver conduct, cleanliness, safety, and missed trips, delays and fares please complete this form. This information will assist Lebanon Transit in promptly and fairly investigating your complaint.

### Type of Complaint

Please select **one** complaint type below. Lebanon Transit will route and process the complaint in accordance with applicable federal requirements.

**General Transit Service Complaint – (Complete Sections I, II, III, IV, V)**

(Examples: service quality, scheduling, operator conduct not related to protected classes)

**ADA Complaint (Including Reasonable Modification Requests) - (Complete Sections I, II, III, IV, V, VI, VII)**

(Disability-related access, denial of reasonable modification, mobility aid issues)

**Title VI Civil Rights Complaint - (Complete Sections I, II, III, IV, V, VI, VII)**

(Discrimination based on race, color, or national origin)

All complaints should be filed within one hundred eighty (180) calendar days of the alleged incident. Complaints filed after this timeframe may be accepted for good reasons, such as circumstances beyond the complainant's control.

### Americans with Disabilities Act (ADA) and Title VI Civil Rights Complaints

Filing a complaint with Lebanon Transit does not preclude a complainant from filing a complaint directly with the Federal Transit Administration (FTA) Office of Civil Rights.

## **SECTION I – Complainant Information – (All Complaints)**

Please print clearly.

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Email (optional):** \_\_\_\_\_

**Preferred Accessible Format (if needed):**

Large Print  TDD  Audio  Other: \_\_\_\_\_

## **SECTION II – Filing on Behalf of Another Person – (All Complaints)**

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

If **No**, please complete the following:

**Name of person discriminated against:** \_\_\_\_\_

**Relationship to complainant:** \_\_\_\_\_

**Reason you are filing on behalf of another person:** \_\_\_\_\_

Have you obtained permission from the aggrieved party to file this complaint?

Yes  No

## **SECTION III – Incident Information – (All Complaints)**

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

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

**Transit Service (check one):**  Fixed Route  Shared Ride  Other: \_\_\_\_\_

**Route Name/Number (if known) :** \_\_\_\_\_ **Vehicle Number (if known):** \_\_\_\_\_

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

**Name(s) of employee(s) or individual(s) involved (if known):**

(If unknown, please provide a physical description or any identifying details.)

**Please attach any documents or written materials you believe are relevant to this complaint.**

**SECTION IV – Description of the Complaint – (All Complaints)**

If this is a **General Complaint**, describe the service issue in detail. Please describe what happened. Attach additional sheets if necessary.

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If this is an **ADA Complaint**, explain how the action affected your ability to access transit services or involved a reasonable modification request.

Please describe what happened and why you believe the action(s) violated ADA (including reasonable modification requirements). Be as specific as possible. Attach additional sheets if necessary.

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Explain clearly the details of what is needed in order to equally use Lebanon Transit services or participate in its programs. Attach additional sheets if necessary.

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If this is a **Title VI Complaint**, explain why you believe the action was based on race, color, or national origin.

Please check type of discrimination you believe to occur:

- Race
- Color
- National Origin

Please describe what happened and why you believe the action(s) violated Title VI. Be as specific as possible. Attach additional sheets if necessary.

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**SECTION V – Witness Information – (All Complaints)**

Please list the names and contact information of any witnesses.

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**SECTION VI – Prior Complaints – (ADA and Title VI Civil Rights Complaints)**

Have you previously filed a complaint with Lebanon Transit?  Yes  No

Have you filed this complaint with any other agency or court?  Yes  No

If Yes, check all that apply:

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

Please provide contact information:

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

**Agency/Court:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**SECTION VII – Requested Resolution – (ADA and Title VI Civil Rights Complaints)**

What type of corrective action or resolution are you seeking?

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## **Submission Information**

Please submit **General Complaints** with this completed form to:

Lebanon Transit  
**Attn: Manager of Operations**  
200 Willow Street  
Lebanon, PA 17046  
Phone: 717-274-3664  
[info@lebanontransit.org](mailto:info@lebanontransit.org)

Please submit **ADA and Title VI Civil Rights Complaints** with this completed form to:

Lebanon Transit  
**Attn: Human Resources Manager / ADA & Title VI Compliance Officer**  
200 Willow Street  
Lebanon, PA 17046  
Phone: 717-274-3664  
[humanresources@lebanontransit.org](mailto:humanresources@lebanontransit.org)

Complaints may be submitted by mail, in person, or in another accessible format upon request.

## **Certification – (All Complaints)**

I affirm that I have read this complaint and that the information provided is true and accurate to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**FOR LEBANON TRANSIT USE ONLY**  
**(DO NOT WRITE BELOW THIS LINE)**

**Date Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM / PM

**Received By:** \_\_\_\_\_

**Method of Receipt:**  Mail  In Person  Phone  Other: \_\_\_\_\_

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

**Vehicle Identification (if applicable):** \_\_\_\_\_

**Complaint Summary:**

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**Valid:**  Yes  No

**Action Taken / Resolution:**

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**Forwarded To (Supervisor/Manager):** \_\_\_\_\_

**Date Closed:** \_\_\_\_\_

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200 Willow St  
Lebanon, Pa 17046  
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