

County of Lackawanna Transit System
TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act states: "No person in the United States shall, on the ground of race, color or 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 by COLTS, please fill out the following to assist us in processing your complaint and send it to:

COLTS

**Attn: Dorothy Sterling Hill
Title VI Compliance Officer
800 North South Road
Scranton, PA 18504**

Name of Complainant: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell)

Person believed to have been discriminated against:

Address of person believed to have been discriminated against:

City, State, Zip Code: _____

Please check off why you believe the discrimination occurred:

Race or color

National origin

Limited English Proficiency

Other (please specify) _____

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw them:

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

This complaint must be submitted within one-hundred and eighty (180) days of the alleged discriminatory incident. Please attach any documents you have which support the allegation. Please date and sign this form and send to the COLTS' Title VI Compliance Officer, whose address is listed on page 1.

Confirmation of receipt of this complaint will be made within five (5) business days of receipt by the COLTS' Title VI Compliance Officer. A final decision will be issued within sixty (60) business days of receipt of the complaint.

Your Signature

Print your name

Date