



TITLE VI CIVIL RIGHTS COMPLAINT FORM

The Luzerne County Transportation Authority (LCTA) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

Title VI of the 1964 Civil Rights Act requires that "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." Please call for our policy or visit our website at www.LCTABus.com.

If you feel you have been discriminated against in public transit services, please print and complete the following form, sign (signature required) and return to:

Luzerne County Transportation Authority
Attention: Title VI Officer
315 Northampton St.
Kingston, PA 18704

Telephone: (570) 288-9356
Fax: (570) 288-7327

LCTA Office Use Only:

Date Received: _____

Received By: _____

Section 1:

Please print CLEARLY

1. Name (Complainant):

2. Home Address:

City, State, Zip Code:

3. Telephone Number: _____ Email Address _____

Section 2:

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

(If you answered "yes" to this question, please go to Section 3.

2. If you answered "no" to question 2(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 of the aggrieved party (Complainant) to file this complaint on his or her behalf? Yes No

Section 3:

1. Date of Incident: _____

2. If applicable, name of person(s) who allegedly discriminated against you:

3. Discrimination based on (please check all that apply): Race Color National Origin
 Other, please describe _____

Section 3 (Continued):

4. Please provide a brief explanation of the incident and how you feel you were discriminated against including how you feel others may have been treated differently than you.

5. Please list addresses and phone numbers of all witnesses' names or others we can contact to support or clarify your complaint.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

7. Please attach any documents you have which support the allegation. Attached Yes No

8. Have you previously filed a Title VI complaint with the Luzerne County Transportation Authority?

Yes No If yes, please provide date of incident. _____

Section 4:

Signature: _____ Date of Filing: _____

Print your name: _____

PLEASE NOTE: The Luzerne County Transportation Authority cannot accept your complaint without a signature.

LCTA TITLE VI DISCRIMINATION COMPLAINT FORM

IDENTITY CONSENT/RELEASE

(Please Print Legibly)

First Name	MI	Last Name
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Street Address	City	State	Zip Code
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As a complainant, I understand that in the course of an investigation it may become necessary to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of LCTA to honor requests under the Freedom of Information Act. I understand that it may be necessary for LCTA to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by LCTA policies and practices from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Transit Administration of the U.S. Department of Transportation.

Please check one:

I CONSENT and authorize to have LCTA, as part of its investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize LCTA to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

I DENY CONSENT to have LCTA reveal my identity to persons at the organization, business or institution under investigation. I also deny consent to have LCTA disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing LCTA to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature

Date