

## General Transportation Complaint Form

**NOTE:** The Consolidated Civil Rights Complaint form should be used for complaints regarding Disadvantaged Business Enterprise, External Equal Employment Opportunity (EEO), Title VI, or Americans with Disabilities Act (ADA); if ADA complaint is specific to a Reasonable Modification, utilize the Reasonable Modification Complaint form. The form below is appropriate for all other complaints.

<b>Section I</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Cell):	
Email Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
<b>Section II</b>			
Are you filing this complaint on your own behalf?			Yes*
			No
*If you answered "yes" to this question, go to Section III.			
If No, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes
			No
<b>Section III</b>			
Date of Concern (Month/ Day/ Year):			
Explain as clearly as possible what happened and why you believe you have been wronged. Describe all persons who were involved. Include the name and contact information of the person(s) (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. You may also attach additional pages other items that you think are relevant.			
<b>Section IV</b>			
Have you previously filed a complaint with this agency?			Yes
			No

Please submit the form via mail, in person, or via mail/e-mail ([mguidice@lifetime-resources.org](mailto:mguidice@lifetime-resources.org)).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date