



Title VI Discrimination Complaint Form

Luzerne County Transportation Authority (LCTA)

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.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the LCTA title VI Program Officer by calling (570) 288-9656. The completed and signed form must be returned to:

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

LCTA Office Use Only:

Date Received: _____

Received By: _____

Please print legibly.

Title VI Discrimination Complaint Form

Please mail the signed form to: Luzerne County Transportation Authority,
Title VI Officer, 315 Northampton Street, Kingston, PA 18704

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First Name	MI	Last Name	
Street Address	City	State	Zip Code
Telephone Number (including Area Code)	Best Time to Call		
Alternate Telephone Number (including Area Code)	Best Time to Call		

Who do you believe discriminated against you? (Respondent(s))

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First Name	MI	Last Name	
Name of Business	Position/Title		
Street Address	City	State	Zip Code
Respondent's relationship to you.			

When did the alleged act(s) of discrimination occur?

Please list all applicable dates in mm/dd/yyyy format.

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Date(s) _____

Is the alleged discrimination ongoing? Yes No

Where did the alleged act(s) of discrimination occur?

4

Name of Place

Street Address

City

State

Zip Code

Indicate the basis of your complaint of discrimination (race, color, national origin).

5

Describe in detail the specific incident(s) that is the basis of the alleged discrimination. Describe each incident of discrimination separately.

Attach additional pages as necessary.

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Did the person you are complaining against state a reason for the action prompting your complaint? *If yes, please explain.*

Please explain how other persons or groups of persons were treated differently by the person(s) who discriminated against you.

Please list and describe all documents, e-mails or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the incidents described above or persons who have personal knowledge of information pertaining to your complaint.

Have you previously reported or otherwise complained about this incident or related acts of discrimination? If so, please identify the Individual to whom you made the report, the date on which you made the report and the resolution.

Please explain any additional information pertaining to the alleged discrimination.

Please describe any effects you have suffered because of the alleged discrimination.

Please describe the remedy you are seeking as a result of filing this complaint.

If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.

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First Name	MI	Last Name	
Name of Business	Position/Title	Telephone Number	
Street Address	City	State	Zip Code

This Discrimination Complaint Form must be signed and dated in order to address your allegation. Additionally, LCTA will need your consent to disclose your name, if necessary, in the course of your inquiry. The Discrimination Complaint Consent/Release Form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

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I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Signature

Date

Title VI Discrimination Complaint Form
Identity Consent/Release

First Name	MI	Last Name	
Street Address	City	State	Zip Code

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