

**LANCASTER COUNTY TRANSPORTATION COORDINATING COMMITTEE  
TITLE VI COMPLAINT FORM**

Name:

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Address:

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Phone:

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Basis of Complaint: (e.g., Race, Color, National Origin, Sex, Age, Disability, Retaliation):

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Date(s) of alleged discrimination:

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Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary):

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Please provide the name(s), title and address of the person who discriminated against the Complainant.

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Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

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Please list any other agency where complaint has been filed:

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Signed:

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Date: \_\_\_\_\_