

Wayne County Transportation System

Discrimination Complaint Form

If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint, and forward it to:

Transportation Director
Wayne County Transportation System
323 10th Street
Honesdale, PA 18431

Please print clearly.

Your Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): (home) _____ (cell) _____

E-mail: _____

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Why do you believe the discrimination occurred?		
Title VI	Americans with Disability Act	Other
<input type="checkbox"/> race	<input type="checkbox"/> disability	<input type="checkbox"/> age
<input type="checkbox"/> color		<input type="checkbox"/> gender
<input type="checkbox"/> national origin		<input type="checkbox"/> religion
		<input type="checkbox"/> retaliation
		<input type="checkbox"/> other

Date of the alleged discrimination: _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw them (Please use a separate sheet of paper if needed):

Please list any and all witnesses' names and phone number(s) (Please use a separate sheet of paper if needed):

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

Please attach any additional documents you have which support the allegation sign, date, and forward the complaint form to

Director, Wayne County Transportation System
323 10th Street
Honesdale, PA 18431

or

Federal Transit Administration
1760 Market Street, Suite 500
Philadelphia, PA 19103-4124

FAX: (215) 656-7260

Signature

Date