

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes _____ No _____

If yes, check all that apply:

Federal agency _____ Federal Court _____ State Agency _____ State Court _____

Local Court _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature Date

Please mail this form to:

The Broome County Department of Public Transportation
413 Old Mill Road
Vestal, NY 13850
Attn: Title VI Coordinator