

| Section IV | | |
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| Have you previously filed an ADA complaint with this agency? | Yes | No |

| Section V | |
|---|---|
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, check all that apply: | |
| <input type="checkbox"/> Federal Agency: _____ | |
| <input type="checkbox"/> Federal Court _____ | <input type="checkbox"/> State Agency _____ |
| <input type="checkbox"/> State Court _____ | <input type="checkbox"/> Local Agency _____ |
| Please provide information about a contact person at the agency/court where the complaint was filed. | |
| Name: | |
| Title: | |
| Agency: | |
| Address: | |
| Telephone: | |

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

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Director of Administration & Human Resources
 c/o South Central Transit Authority
 45 Erick Road
 Lancaster, PA 17601

Please use the space provided below to complete the information requested in Section III.