

## ADA COMPLAINT FORM

It is LLTS MPO's policy to utilize its best efforts to ensure that no person shall, on the grounds of race, color, disability, sex, age, low income, national origin or limited English proficiency, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its programs or services, as provided by civil rights statutes, executive orders, regulations, and policies applicable to the programs and activities it administers.

These procedures apply to all external complaints relating to any program or activity administered by LLTS MPO and/or its sub-recipients, consultants and contractors, filed under Title VI of the Civil Rights Act of 1964 as amended, (including Disadvantaged Business Enterprise and Equal Employment Opportunity components), as well as other related laws that prohibit discrimination.

The following information is necessary for processing your complaint. If you require assistance in completing this form, please contact the LLTS MPO Title VI Compliance Officer, Daniel Reese, by calling (570) 963-6400 or (570) 825-1560. Please return the completed form to the LLTS MPO Title VI Compliance Officer at LLTS MPO, 123 Wyoming Avenue, Scranton, PA 18503 or LLTS MPO, Suite 208, Penn Place, 20 North Pennsylvania Avenue, Wilkes-Barre, PA 18711. Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Name:  
Complainant:

Name of Individual Assisting

Complainant Address:

Assisting Individual Address:

Complainant Phone:

Assisting Individual Phone:

Complainant Alt. Phone:

Assisting Individual Alt. Phone:

Please describe the reason(s) the alleged discrimination took place?

**LACKAWANNA COUNTY**  
*Government Center at the Globe*  
123 Wyoming Avenue  
Scranton, PA 18503



**LUZERNE COUNTY**  
*Penn Place*  
20 North Pennsylvania Ave  
Wilkes-Barre, PA 18701

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 (if known) 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 incident(s):

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Please list any other agency where the complaint has been filed:

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I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief.

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Complainant's Signature Print Name of the Complainant Date

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Assisting Individual's Signature Print Name of Assisting Individual Date

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Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_