



**CONSOLIDATED CIVIL RIGHTS COMPLAINT FORM**

*Lehigh and Northampton Transportation Authority  
Civil Rights Office, 1060 Lehigh Street, Allentown, PA 18103; 610-435-4052*

|                |             |                   |
|----------------|-------------|-------------------|
| Your Name      | Phone       | Alternative Phone |
| Street Address | City, State | Zip Code          |

|                                                                               |             |          |
|-------------------------------------------------------------------------------|-------------|----------|
| Person(s) discriminated against (if different than the preparer of this form) |             |          |
| Street Address                                                                | City, State | Zip Code |

|                                                                                                  |                 |  |                  |  |                                                          |
|--------------------------------------------------------------------------------------------------|-----------------|--|------------------|--|----------------------------------------------------------|
| I believe that I (or the person(s) listed above) has been discriminated against on the basis of: |                 |  |                  |  |                                                          |
|                                                                                                  | Race (Title VI) |  | Color (Title VI) |  | National Origin (Limited English Proficiency) (Title VI) |
|                                                                                                  | Sex             |  | Disability (ADA) |  | Economic Status                                          |

Please describe the alleged discrimination incident. Provide the names and titles of all LANTA employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if more space is required. **NOTE: This form consolidates information required by multiple federal civil rights programs. Information will be shared based on the type of discrimination identified above. Title VI of the Civil Rights Act covers Race, Color, and National Origin complaints ONLY. Americans with Disabilities Act covers Disability complaints.**

|                   |  |
|-------------------|--|
| Date of Incident: |  |
|                   |  |

|                                                                               |                          |     |                          |    |
|-------------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Have you filed this complaint with any other federal, state, or local agency? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, Agency Name                                                           |                          |     |                          |    |
| Agency Address                                                                |                          |     |                          |    |
| Agency Contact Name (if available)                                            |                          |     |                          |    |

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

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

Print Name: \_\_\_\_\_