



Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Section VI

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please 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:  
Lake County Special Transportation  
Melanie Boozenny, Title VI Coordinator  
513 Center Street  
Lakeview, OR 97630

Other information: