



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.

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Signature

Date

Please mail this form to:

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