

Lodi Memorial Hos

Section V

15. Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

() Federal Agency _____ () State Agency _____
() Federal Court _____ () State Court _____
() Local Agency _____

16. If you answered 'yes' to #15 provide information about a contact person at the agency/court where your complaint was filed

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____ Email: _____

Section VI

Name of Transit Provider Complaint is against: _____

Contact Person: _____

Telephone: _____

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

Signature and date are required below to complete form:

Signature _____ Date: _____

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

Title VI Program Director/Administrator

Adult Day Services

125 S Hutchins Street

Lodi, California 95240