



Have you filed this complaint with any other federal, state or local agency or with any court? Yes / No

If yes, check and identify all that apply:

- Federal Agency \_\_\_\_\_
- Federal Court \_\_\_\_\_
- State Agency \_\_\_\_\_
- State Court \_\_\_\_\_
- Local Agency \_\_\_\_\_

Please provide information for a contact person at the Agency or Court where the complaint was filed.

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

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

City, State, & Zip Code: \_\_\_\_\_

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

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail this form to:  
CC Rider  
Attn: Transit Director  
1155 Deer Island Rd.  
St. Helens, OR 97051