



<b>SECTION V: RELEASE OF INFORMATION</b>		
May we release a copy of your complaint to the transit provider (please circle)?	YES	NO
May we release your identity to the transit provider (please circle)?	YES	NO
<b>SECTION VI: SIGNATURE</b>		
Signature:		
Printed Name:		
Date:		
Note: We cannot accept your complaint without a signature.		

**Please submit this form with attachments in person at the address below or mail the form to:**  
 Departmental Human Resources Manager  
 WDACS  
 3175 6<sup>th</sup> Street  
 Los Angeles, CA 90020