



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What action(s) have you or your representative done to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

**Action**

**Date**

- Filed with another local agency** \_\_\_\_\_
- Filed with a State agency** \_\_\_\_\_
- Filed with a Federal agency** \_\_\_\_\_
- Filed with another Federal agency** \_\_\_\_\_
- Filed with a local, State or Federal Court(specify)** \_\_\_\_\_
- Other action** \_\_\_\_\_

Briefly explain what action you are seeking.

\_\_\_\_\_

**Complainant's Signature**

\_\_\_\_\_

**Date**

Mail Complaint Form To:      SHOW BUS  
    510 Hoselton Drive  
    Chenoa, IL 61726

**For Official Use Only**

**Date Complaint Received:** \_\_\_\_\_

**Referred to:** \_\_\_\_\_

**Date Referred:** \_\_\_\_\_