
Witness Name (Last, first, middle initial)

Street address

City

State

ZIP Code

Primary phone number

Other phone number

E-mail address

Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

Yes No

If the answer is yes, check each agency complaint was filed with:

State Court

Local Agency

Federal Agency

Federal Court

State Agency

Other

Please provide contact person information for the agency you also filed the complaint with:

Agency Contact Name (Last, first, middle initial)

Street address

City

State

ZIP Code

Phone number

E-mail address

Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature: _____

Date: _____

Please mail this form to:

Yellow Transportation Services

Attn: Roy D. Spooner

1636 Bladensburg Rd. NE

Washington, DC 20002