

**LKLP Community Action Council, Inc.**  
**398 Roy Campbell Drive**  
**Hazard, Ky 41701**  
**(606) 436-8853**  
**Request for Hearing**

For Agency Use Only  
 Indicate Type of Complaint  
 \_\_\_\_\_ Service  
 \_\_\_\_\_ Discrimination

**Name**

\_\_\_\_\_

Full Name

County of Residence

Telephone Number

**Physical Address**

\_\_\_\_\_

Street or PO Box

City

State

Zip Code

Please state the nature of your complaint in detail. If additional space is needed. Please include a separate sheet of paper.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give the name(s) and address(es) below of staff you believe discriminated against you or treated you inappropriately. Please list all. If more than one.

Name	Name	Name
Title	Title	Title
Address	Address	Address
City	City	City
County	County	County

The actual date, or the most recent date, when the alleged act occurred:

Time of Day \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
 Signature of Complainant

\_\_\_\_\_  
 Signature of Authorized Representative, if Appropriate



EQUAL HOUSING OPPORTUNITY