



Title VI Complaint Form

Please fill out this form in its entirety. The Agency will only process complaints that are complete.

Section I		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	Large Print _____	Audio Tape _____
	TDD _____	Other _____
Section II		
Are you filing this complaint on your own behalf?	Yes* _____	No _____
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining:	Name: _____ Relationship: _____	
Please explain why you have filed for a third party: _____ _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes _____	No _____

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency? Yes _____ No _____

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check all that apply:

Federal Agency: _____ Federal Court: _____

State Agency: _____ State Court: _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency/Court:

Address:

Telephone:

Section VI

Name of Agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below in order to process this complaint.

Signature

Date

The Agency’s Title VI Complaint Form may be filed via telephone, mail, fax, in person, or email to:

Abby Little, Title VI Officer
LKLP CAC, Inc.
398 Roy Campbell Drive
Hazard, KY 41701
Email: compliance@lklp.net
Phone: 606-436-8853 • Fax: 606-435-7979

A person may also file a complaint directly with the Federal Transit Administration, at
FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

LKLP is an equal opportunity employer and service provider.