TITLE VI COMPLAINT FORM

Complainant’s Information

Name: _____________________________________________________________________________

Address: ___________________________________________________________________________

City: __________________________________ State: ________________   Zip: __________________

Telephone: _____________________________ Email: ______________________________________

Name of Agency, Department or Program that you believe discriminated against you

Agency/Department: _________________________________________________________________

Name of Individual: __________________________________________________________________

Which of the following best describes the reason you believe the discrimination took place? Check all that apply.

☐ Race/Color (Specify) _______________   ☐ National Origin (Specify) __________

☐ Disability

Date of Alleged Discrimination (MM/DD/YYYY): _____________________

Please explain, as clearly as possible, what happened and why you believe you were discriminated against, and who you believe was responsible. Include all persons involved and if names are known, please list those persons. You may attach additional pages, if needed.

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List the names and contact information (telephone number, email address, or mailing address) of persons who may have knowledge of the alleged discrimination:

Name: __________________________ Contact Information: __________________________
Name: __________________________ Contact Information: __________________________
Name: __________________________ Contact Information: __________________________

Have you filed this complaint with any other Federal, state, or local agencies, or with any Federal or state courts? Check all that apply.

☐ Federal Agency ☐ Federal Court
☐ State Agency ☐ State Court
☐ Local Agency

Please provide contact information at the agency and/or court where the complaint was filed:

Agency Name: __________________________________________________________________
Address: ______________________________________________________________________
City, State, ZIP: _________________________________________________________________
Telephone Number: _____________________________________________________________
Contact Person: ________________________________________________________________

Please sign and date below. You may attach any materials and/or other information you think to be relevant to the alleged discrimination event(s).

_________________________________________________ ________________________
Complainant Signature      Date

Please submit this form, completed and signed, as well as any additional materials to:
Karissa Lemon
MPO Coordinator
City-County Planning Commission
1141 State Street
Bowling Green, Kentucky 42101
Email: karissa.lemon@bgky.org
Phone: (270) 842-1953