



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.

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