

Appendix C

Central Kentucky Community Action Transportation Services (CKCATS)  
Title VI Complaint/ADA Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home): (     ) \_\_\_\_\_ Telephone (Cell): (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Accessible Format Requirements?  Large Print  TDD  Audio Tape  Other \_\_\_\_\_

\*\*\*\*\*

Are you filing a complaint on your own behalf?  Yes  No

If you answered "no", please supply the name and relationship of the person for whom you are representing: \_\_\_\_\_

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

\*\*\*\*\*

I believe the discrimination I experienced was based on (CHECK ALL THAT APPLY):  
 Race  National Origin (Language)  Sex/Gender  Age  Familial Status  Visual  Hearing  
 Disability/Handicap  Income Status  Marital Status  Speech  Mental/Emotional  
 Mobility  Other \_\_\_\_\_

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 witness. If more space is needed, please use the back of this complaint form.

Name: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Who discriminated against you: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Who discriminated against you: \_\_\_\_\_

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Have you previously filed a Title VI Complaint/ADA Complaint with this agency?  Yes  No

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 Court: \_\_\_\_\_  
 State Agency: \_\_\_\_\_  
 Local Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Agency complaint is against:

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If an advisor will be assisting you in the complaint process, please provide the advisor's name and contact information.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_



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

*I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this matter. My signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.*

Complaint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint (Print Name): \_\_\_\_\_

Attachments:  Yes  No

Please submit this form with any additional attachment(s) in person at the address below, or mail this form to:

Central Kentucky Community Action Transportation Services (CKCATS)  
c/o Title VI Coordinator  
P.O. Box 830/332 Hood Avenue  
Lebanon, KY 40033