

Appendix C

Central Kentucky Community Action Transportation Services (CKCATS) 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 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: _____

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