

Lextran Title VI Complaint Form

Section I:

Name: _____

Address: _____

Telephone (Home)	Telephone (Work)
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Telephone (Cell)	
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Email: _____

Accessible Format Requirements		Large Print		Audio	
		TDD		Other	

Section II:

Are you filing this complaint out on your own behalf?		* Yes		No
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* If you answered "yes" to this question go to Section III.

If not, please supply the name and the relationship of the person for whom you are complaining:	
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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
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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 person 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
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Section V:

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 required below

Signature	Date
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Please submit this form in person at the address below, or mail this form to:
 Lextran Title VI Coordinator • 109 West Loudon Avenue • Lexington KY 40508