

## Lextran Title VI Complaint Form

**Section I:**

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

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

Telephone (Home)	Telephone (Work)
------------------	------------------

Telephone (Cell)	
------------------	--

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

Accessible Format Requirements	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio	
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other	

**Section II:**

Are you filing this complaint out on your own behalf?	<input type="checkbox"/>	* Yes	<input type="checkbox"/>	No
---	--------------------------	-------	--------------------------	----

\* 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: \_\_\_\_\_

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.	<input type="checkbox"/>	* Yes	<input type="checkbox"/>	No
---	--------------------------	-------	--------------------------	----

**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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

**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
-----------	------

Please submit this form in person at the address below, or mail this form to:

Lextran Title VI Coordinator • 200 West Loudon Avenue • Lexington KY 40508