

Lexington Area Metropolitan Planning Organization

Title VI Complaint Form

| | | | | |
|---|-------------|--|-----------------------------|----|
| Section I: Please Write Legibly | | | | |
| 1. Name: | | | | |
| 2. Address: | | | | |
| 3. Telephone: | | | Secondary Phone (optional): | |
| 4. Email Address: | | | | |
| 5. Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |
| Section II: | | | | |
| 6. Are you filing this complaint on your own behalf? | | | YES* | NO |
| *If you answered "yes" to #6 go to Section III. | | | | |
| 7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name: | | | | |
| 8. What is your relationship with this individual: | | | | |
| 9. Please explain why you have filed for a third party: | | | | |
| 10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf. | | | YES | NO |
| Section III: | | | | |
| 11. I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Limited English Proficiency (LEP) <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Low Income | | | | |
| 12. Please provide the date and place(s) of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination. | | | | |
| 13. How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently than you. (Attach additional pages if necessary.) | | | | |

14. The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances. Tell what action you took which you believe was the cause for the alleged retaliation. (Attach additional pages if necessary.)

15. Names of individuals, agency, or department responsible for the discriminatory action(s):

| | Name: | Address: | Phone: |
|----|-------|----------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

16. Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages if necessary.)

| | Name: | Address: | Phone: |
|----|-------|----------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

17. Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. (Attach additional pages if necessary.)

18. Photographs submitted with complaint? Yes No

Section IV:

| | | |
|---|-----|----|
| 19. Have you previously filed a Title VI complaint with Federated Transportation Services of the Bluegrass, Inc.? | YES | NO |
|---|-----|----|

Section V:

20. 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 _____ State Agency _____

Federal Court _____ Local Agency _____

State Court _____

| | |
|---|--------|
| 21. If you answered “yes” to #20, provide information about a contact person at the agency/court where the complaint was filed. | |
| Name: | |
| Title: | |
| Agency: | |
| Address: | |
| Telephone: | Email: |
| Section VI: | |
| Name of Transit Agency complaint is against: | |
| Contact Person: | |
| Telephone: | |

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

Signature and date are required below to complete form:

Signature: _____

Date: _____

Submit form and any additional information to:

Max Conyers, Director
 Lexington Area Metropolitan Planning Organization
 101 East Vine Street, Suite 700
 Lexington, KY 40507
 Phone: 859-258-3167
Maxc2@lexingtonky.gov