

## Lexington Area Metropolitan Planning Organization

### Title VI Complaint Form

<b>Section I: Please Write Legibly</b>				
1. Name:				
2. Address:				
3. Telephone:			Secondary Phone (optional):	
4. Email Address:				
5. Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
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				
12. Date of alleged discrimination: (mm/dd/yyyy)				
13. 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 witnesses. If more space is needed, please use the back of this form.				
<b>Section IV:</b>				
14. Have you previously filed a Title VI complaint with Federated Transportation Services of the Bluegrass, Inc.?			YES	NO

<b>Section V:</b>	
15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? <input type="checkbox"/> YES* <input type="checkbox"/> NO If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____	
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	Email:
<b>Section VI:</b>	
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](mailto:Maxc2@lexingtonky.gov)