

Lexington Area Metropolitan Planning Organization

ADA Discrimination Complaint Form

Title II of the Americans with Disabilities Act (ADA) states that “no otherwise qualified individual with a disability shall, solely by the reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination” in the delivery of government services, programs and activities. This complaint process is designed for members of the public to resolve conflicts with the Lexington Area Metropolitan Planning Organization involving allegations of discrimination in accessing MPO programs, services or activities.

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. Type of disability: <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Other				
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 an ADA complaint with the Lexington Area MPO?	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? <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 _____		
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:	

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:

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