

Section I:**Name:****Address:****Telephone (Home):** **Telephone (Work):**

Electronic Mail Address:

| | | | | |
|---------------------------------|-------------|--|-------------------|--|
| Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |

Section II:

| | | |
|---|------|----|
| Are you filing this complaint on your own behalf? | Yes* | No |
|---|------|----|

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and 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. | Yes | 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 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.

Section IV

| | | |
|--|-----|----|
| Have you previously filed a Title VI complaint with this agency? | Yes | No |
|--|-----|----|

Section IV

| | | |
|--|-----|----|
| Have you previously filed a Title VI complaint with this agency? | Yes | No |
|--|-----|----|

Section V

| | |
|---|---|
| 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"/> Federal Court _____ | <input type="checkbox"/> State Agency _____ |
| <input type="checkbox"/> State Court _____ | <input type="checkbox"/> Local Agency _____ |
| Please provide information about a contact person at the agency/court where the complaint was filed. | |
| Name: | |
| Title: | |
| Agency: | |
| Address: | |
| Telephone: | |
| Section VI | |
| 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

ESWKY operates its programs without regard to race, color or national origin. To request information or to file a discrimination complaint, contact:

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

David Poole
Transportation Manager
Easterseals West KY
1908 N14th St
Paducah, KY 42001

ESWKY opera sus programas sin distinción de raza, color u origen nacional. Para solicitar información o presentar una queja por discriminación, contacte a:

Envíe este formulario en persona a la dirección que figura a continuación, o envíe este formulario a:

David Poole
Transportation Manager
Easterseals West KY
1908 N14th St
Paducah, KY 42001