

Title VI Complain Form and Procedures
 COMMUNITY ACTION OF SOUTHERN KY DBA GO BG TRANSIT
 TITLE VI COMPLAIN FORM

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Community Action of Southern Kentucky
 PO Box 90014
 Bowling Green, KY 42101
 (270) 782-3162
 Email: eechols@casoky.org

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home ___ Cell ___) Please include area code		Telephone (work)
()	()	
d. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address: ___ Yes ___ No		
2. Accessible Format of Form Needed? ___ Large Print ___ Audio Tape ___ TDD		
3. Are you filing this complaint on your own behalf? ___ Yes, If Yes, please go to Question 7		
___ No, If no, please go to Question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home ___ Cell ___) Please include area code		Telephone (work)
()	()	
e. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address: ___ Yes ___ No		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. ___ Yes, I have permission ___ No, I do not have permission		
7. I believe that the discrimination I experienced was based on (check all that apply)		
___ Race ___ Color ___ National Origin (Classes protected by Title VI)		
___ Other (please specify)		
8. Date of Alleged Discrimination (month, day, year):		

Title VI Complaint Form

9. Where did the Alleged Discrimination take place?

10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

12. What type of corrective action would like to see taken?

13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes, If yes, check all that apply No

- a. Federal Agency (List agency's name)
- b. Federal Court (Please provide location)
- c. State Court
- d. State Agency (Specify Agency)
- e. County Court (Specify Court and County)
- f. Local Agency (Specify Agency)

14. Please provide information about a contact person at the agency/court where the complaint was filed.

Name:	Title:	
Agency:	Telephone ()	
Address:		
City:	State:	Zip Code:

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

Signature and date required:

Signature

Date

If you completed Questions 3,5 and 6, your signature and date is required.

Signature

Date