# Request for Fair Hearing Form

| | | | |
|---|---|---|---|
| ____________ | Age | ____________ | Denial |
| ____________ | Race | ____________ | Exclusion |
| ____________ | Sex | ____________ | Failure to act with promptness |
| ____________ | Origin | ____________ | Dissatisfaction with service/treatment |
| ____________ | Handicap | | |
| ____________ | Religion | | |

Name ______________________________________ ______________________ ______________________
First Middle Last County of Residence Telephone Number

Address ______________________________________ ____________ ____________ ________
Street Address City State Zip

Program or Service involved:

______________________________________________________________________________

Please state the nature of your complaint in detail. If additional space is needed, please use a separate sheet of paper.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Give the name(s) and address(es) below of staff you believe discriminated against you or treated you inappropriately. If more than one, list all.

| | | |
|---|---|---|
| Name | Name | Name |
| Title | Title | Title |
| Address | Address | Address |
| City State County | City State County | City State County |

The actual day or the most recent date when the alleged act occurred:

Time of Day ____________ Month ____________ Day ____________ Year ____________

Place of agency action involved ______________________________________________

______________________________ ______________________________
Signature of Complainant Signature of Authorized Representative, if appropriate

Within 30 days of the action you wish to appeal, forward your complaint to:

Cheryl H. Allen, Executive Director
Community Action of Southern Kentucky, Inc.
921 Beauty Avenue, P. O. Box 90014
Bowling Green, Kentucky 42102-9014

CAK # 1-800-456-3452

CHR Ombudsman # 1-800-372-2973