



TITLE VI COMPLAINT

Instructions: Complete and sign this form. Mail or fax completed form to Kentucky River Foothills Development Council, Inc.

Address: Kentucky River Foothills Development Council, Inc. 309 Spangler Drive Richmond, KY 40475

Fax: Kentucky River Foothills Development Council, Inc. Attn: Discrimination Complaint Administration (859) 624-2049

SECTION 1 | COMPLAINANT INFORMATION: Are you filing this complaint on your own behalf? Yes No

Form with fields: FIRST NAME, MI, LAST NAME, PHONE, ALTERNATE PHONE, EMAIL ADDRESS, MAILING ADDRESS (street), CITY, STATE, ZIP

SECTION 2 | COMPLAINT DETAILS: ACCESSIBLE FORMAT REQUIREMENTS?

Please indicate the basis of your complaint:

- Race
Color
National Origin

- Large Print: TDD
Audio Tape: Other

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.

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.)

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.)

Names of individuals, agency, or department responsible for the discriminatory action(s):

Table with columns: Name, Address, Phone. Rows 1-4 for listing individuals.



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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.)*

|    | <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
|----|--------------|-----------------|---------------|
| 1. | _____        | _____           | _____         |
| 2. | _____        | _____           | _____         |
| 3. | _____        | _____           | _____         |
| 4. | _____        | _____           | _____         |

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. *(Attach additional pages if necessary.)*

Photographs submitted with complaint?  Yes  No

**SECTION 3 | ACTIONS:**

Have you filed, or do you intend to file, a complaint regarding the matter raised with any of the following?  
If yes, please check all that apply and provide the filing dates.

|   |       |                                       |       |
|---|-------|---------------------------------------|-------|
| <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    | _____ | <input type="checkbox"/> Other        | _____ |

Have you discussed the complaint with any KRFDC representatives?  
If yes, provide the name, position, and date of discussion.  Yes  No

| Name of KRFDC Representative | Position of Representative | Date of Discussion |
|------------------------------|----------------------------|--------------------|
|                              |                            |                    |

Do you have an attorney regarding this matter? If yes, please provide attorney's contact information.  Yes  No

|                         |                                      |
|-------------------------|--------------------------------------|
| <b>Name of Law Firm</b> | <b>Name of Representing Attorney</b> |
| <b>Mailing Address</b>  | <b>Phone</b>                         |

Briefly explain what remedy or action you are seeking for the alleged discrimination.

**We cannot accept an unsigned complaint. Please sign and date the complaint form below.**

\_\_\_\_\_  
**Complainant's Signature** **Date**

**FOR KRFDC Office USE ONLY**

|                                |                        |                        |
|--------------------------------|------------------------|------------------------|
| Date Complaint Received: _____ | Investigated by: _____ | Resolution Date: _____ |
| Resolution Details: _____      |                        |                        |
|                                |                        |                        |
|                                |                        |                        |