



Title VI Complaint Form

The Lincoln Trail Area Development District (LTADD) assures that no person shall on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100-259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin may file a complaint with the Radcliff/Elizabethtown MPO.

The purpose of this form is to assist persons in filing a complaint. **Use of this form is not required.** A letter or e-mail with the same information is sufficient.

Letters or completed complaint forms can be mailed to:

Lincoln Trail Area Development District
750 S. Provident Way
Elizabethtown, KY 42701

Complaints can also be e-mailed to LTADD at katie@ltadd.org and/or muskaggs@ltadd.org.

Your Name:	
Your Street Address, City, State, Zip:	
Telephone (Home/Cell):	Telephone (Work):
Email Address:	
Person(s) Discriminated Against (if other than complainant). List all names:	
Street Address, City, State, Zip:	

Which of the following best describes the reason the alleged discrimination took place? (Check one):

Race

Color

National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Explain what happened, how you were discriminated against, and all persons who were involved. Include the name of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses.

You may attach additional written materials or other information that may be relevant to your complaint.

Have you previously filed a Title VI complaint with this agency? (Check one):

Yes No

Have you filed a complaint with any other federal, state, or local agencies?
(Check one):

Yes No

If so, list agency/agencies and contact information below.

Contact Name: _____

Agency: _____

Street Address: _____

Phone: _____

Contact Name: _____

Agency: _____

Street Address: _____

Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

Print or Type Name of Complainant: _____

Office use

Date Received: _____

Received by: _____

Título VI Denuncia Forma LTADD

Información del demandante:

Nombre: _____

Dirección: _____

Ciudad: _____ Estado: _____ Zip: _____

Teléfono (casa): _____ (trabajo): _____

Nombre de la agencia, departamento o programa que cree discriminado:

Agencia/Departamento: _____

Nombre de persona: _____

Cuál de las siguientes opciones describe mejor la razón por la que se produjo la presunta discriminación? Carrera ____ Color ____ Origen nacional ____

En sus propias palabras describen la discriminación alegada y quién crees que fue el responsable:

Lista de nombres y la información de contacto de las personas que puedan tener conocimiento de la presunta discriminación.

La queja no se aceptará si no ha sido firmado. Por favor firme y feche este formulario de queja. Usted puede conectar cualquier material escrito u otra información de soporte que crees que es pertinente a su queja.

Firma del denunciante

Fecha