



**TITLE VI COMPLAINT FORM**

**Instructions:** Mail or email completed form to the Lincoln Trail Area Development District.

**Address:**

Lincoln Trail Area Development District  
750 S. Provident Way  
Elizabethtown, KY 42701  
Attn: Title VI Coordinator

**Email:**

TitleVIcoordinator@ltadd.org

**SECTION 1: COMPLAINANT INFORMATION**

<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>	<b>PHONE</b>	<b>EMAIL ADDRESS</b>
<b>MAILING ADDRESS (street)</b>			<b>CITY</b>	<b>STATE</b> <b>ZIPCODE</b>

**SECTION 2: COMPLAINT DETAILS**

Please indicate the basis of your complaint:

- Race                       Color  
 National Origin       Sex

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):

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



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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 discussed the complaint with any LTADD representative?  Yes  No

If yes, provide the name, position, and date of discussion below.

Name of LTADD Representative	Position of Representative	Date of Discussion

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

Name of Law Firm	Name of Representing Attorney
Mailing Address	Phone

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 OFFICE USE ONLY**

Date Complaint Received: \_\_\_\_\_ Case #: \_\_\_\_\_

Processed by: \_\_\_\_\_ Processed Date: \_\_\_\_\_