TITLE VI COMPLAINT FORM FMCSA Programs

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this question, go to Section III.					
If not, please supply the name and relationship of the person					
for whom you are complaining:					
Please explain why you have filed for a third party:					
Please confirm that you have obtained the permission of the			Yes	No	
aggrieved party if you are filing on behalf of a third party.					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race [] Color [] National Origin [] Low Income [] Limited English Proficiency					
[] Sex [] Age [] Disability					
Date of Alleged Discrimination (Month, Day, Year):					
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.					
Section IV					
Have you previously filed a agency?	a Title VI complaint wit	h this	Yes	No	
agency?					

Section V				
Have you filed this complaint with any other H or State court?	Federal, State, or local agency, or with any Federal			
[] Yes [] No				
If yes, check all that apply:				
[] Federal Agency:				
[] Federal Court	[] State Agency			
[] State Court	[] Local Agency			
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency complaint is against:				
Contact person:				
Title:				
Telephone number:				
You may attach any written materials or other i complaint.	nformation that you think is relevant to your			

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Kentucky State Police Human Resource Branch Manager Administrative Division 919 Versailles Road Frankfort, KY 40601

