Title II (ADA) and Title VI Complaint Form

Note: We are asking for the following information to assist in processing your complaint. If you need help in completing this form, please let us know using the contact information included at the bottom of the second page.

Complainant’s Information:

Name __________________________________________
Address __________________________________________
City/State/Zip Code __________________________________________
Telephone Number (Daytime) _______________ (Evening) _______________

Person Discriminated Against (If someone other than Complainant):

Name __________________________________________
Address __________________________________________
City/State/Zip Code __________________________________________
Telephone Number (Daytime) _______________ (Evening) _______________

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) _______________ National Origin (Specify) _______________
Disability _______________

On what date(s) did the alleged discrimination take place? _______________

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List names and contact information of persons who may have knowledge of the alleged discrimination.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? 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 __________________________________________
Address __________________________________________
City/State/Zip Code________________________________
Telephone Number ________________

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

_________________________________________________  ________________________________
Complainant Signature                                  Date

Attachments:    Yes_______    No_______

Submit form and any additional information to:

Kelly Tyra Cecil                                             Phone: 502-266-6084
Director of HR and Administrative Services                  Fax: 502-266-5047
KIPDA                                                   Email: kellytyra.cecil@kipda.org
11520 Commonwealth Drive                                        www.kipda.org
Louisville, Kentucky 40299