

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
Director of HR and Administrative Services
KIPDA
11520 Commonwealth Drive
Louisville, Kentucky 40299

Phone: 502-266-6084
Fax: 502-266-5047
Email: kellytyra.cecil@kipda.org
www.kipda.org