**Title II (ADA) and Title VI Complaint Form**

*Note: We ask for the following information to assist in processing your complaint. If you need assistance to complete this form, please let us know using the contact information included at the bottom of the second page. Thank you.*

**Complainant's Information**

Name: _____

Address: _____

City, State and ZIP Code: _____

Telephone (Daytime): _____ Telephone Number (Evening): _____

**Person discriminated against (if someone other than the Complainant):**

Name: _____

Address: _____

City, State and ZIP Code: _____

Telephone (Daytime): _____ Telephone Number (Evening): _____

**Which of the following best describes the reason you believe the discrimination took place? Check all that apply.**

☐ 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 to be responsible. If additional space is needed, please add additional pages.

_____

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**List the names and contact information (telephone number, email address, or mailing address) of persons who may have knowledge of the alleged discrimination:**

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

**Have you files this complaint with any other Federal, state, or local agencies, or with any Federal or state courts? Check all that apply.**

☐ Federal Agency ☐ Federal Court

☐ State Agency ☐ State Court

☐ Local Agency

**Please provide contact information at the agency and/or court where the complaint was filed:**

Agency Name: _____

Address: _____

City, State and ZIP Code: _____

Telephone Number: _____

Contact Person: _____

**Please sign below. You may attach any materials and/or other information you think to be relevant to the alleged discrimination event(s).**

_____ _____

**Complainant Signature** **Date**

**Attachments:** ☐ YES ☐ NO

**Submit this form, completed and signed, as well as any additional materials to:**

Kelly Tyra
Director of Administrative Services
KIPDA
11520 Commonwealth Drive
Louisville, Kentucky, 40299
Telephone: 502-266-6084
IN TDD: 800-743-3333
KY TDD: 800-648-6056
Fax: 502-266-5047
Email: kelly.tyra@ky.gov
Website: www.kipda.org