**Community Action of Southern Kentucky Title VI Complaint Form**

**Section I:**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>Electronic Mail Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TDD</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Section II:**

<table>
<thead>
<tr>
<th>Are you filing this complaint on your own behalf?</th>
<th>Yes*</th>
<th>No</th>
</tr>
</thead>
</table>

*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 aggrieved party if you are filing on behalf of a third party: Yes | No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

- [ ] Race
- [ ] Color
- [ ] National Origin
- [ ] Age
- [ ] Disability
- [ ] Family or Religious Status
- [ ] Other (explain)

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 Title VI complaint with this agency? Yes | No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State
court?
[ ] 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 information that you think is relevant to your complaint.

Signature and date required below

_________________________________  ________________________
Signature                Date

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

Community Action of Southern Kentucky
Carroll Duckworth
921 Beauty Ave
Bowling Green, Kentucky 42104