

Cumberland Valley Area Development District (CVADD) Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Required?	Large Print		Audio Tape	
	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 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):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age (Over 40) <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disability <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Low Income <input type="checkbox"/> Other				
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

Cumberland Valley Area Development District (CVADD)

Title VI Complaint Form

Page 2

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> 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:
Section VII
Do you have an attorney regarding this matter? If yes, please provide attorney's contact information.
Name of Law Firm
Name of Representing Attorney
Mailing Address
City, State, Zip
Phone

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

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature

Date

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

Whitney Chesnut, Executive Director
Cumberland Valley Area Development District
P.O. Box 1740
342 Old Whitley Road
London, Kentucky 40743
Fax: 606-878-7361

FOR OFFICE USE ONLY

Date Complaint Received: _____

Case # _____

Processed By: _____

Date Referred: _____

Referred To: KYTC Other _____