



Title VI/ADA Complaint Form

If you believe that you have been subjected to discrimination due to your race, color, national origin, sex/gender, disability, age, and/or religion, or if you have a complaint about the accessibility of the City of Flatwoods services, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we may fully investigate the incident.

Please mail or return this form to:

City of Flatwoods: Buford Hurley II, Mayor

2513 Reed Street

Flatwoods, Kentucky 41139

1. Complainant's Name:		
Address:		
City:	State:	Zip Code:
Daytime Telephone:		
Email Address:		
Do you prefer to be contacted via email?		

2. Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Name of person filing complaint (if different from above):		
Address:		
City:	State:	Zip Code:
Daytime Telephone:		
Email Address:		
Do you prefer to be contacted via email?		



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4. What is your relationship to the person for whom you are filing the complaint?

5. Do you have permission from the aggravated party to file a complaint on their behalf?	
<input type="checkbox"/> Yes, I have permission	<input type="checkbox"/> No, I do not have permission.

6. I believe that 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/Gender
<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Accessibility
<input type="checkbox"/> Other:			

7. Date of the alleged discrimination (Month, Day, and Year):	
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8. Where did the alleged discrimination take place?



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9. Describe as clearly as possible what happened and why you believe that you were discriminated against. Describe the person(s) involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or additional pages if necessary.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or additional pages if necessary.*



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11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other Federal, state, or local agency or court?	
<input type="checkbox"/> Federal Agency (list agency's name)	<input type="checkbox"/> State Court
<input type="checkbox"/> Federal Court (provide location)	<input type="checkbox"/> Local agency (specify agency)
<input type="checkbox"/> State Agency (specify agency)	<input type="checkbox"/> County Court (specify court and county)

13. Please provide contact information for the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone:	
Address:		
City:	State:	Zip Code:

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

Signature and date signed are required:

Signature: _____ Date: _____

If you completed Questions 3, 4, and 5, your signature and date signed are also required.

Signature: _____ Date: _____