

RTEC TITLE VI COMPLAINT FORM

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	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 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"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> 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 know) as			
Section IV			
Have you previously filed a Title VI complaint with RTEC?		Yes	No
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:			
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: RTEC 100 Main Street, Mt. Vernon, KY 40456 Attn: Title VI Coordinator