



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 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			
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:

Stephen D. Rowland

Assistant Director, Transit Services

Western Kentucky University Parking & Transportation Services

1906 College Hts. Blvd. #11096

Bowling Green, KY 42101