Kentuckiana Regional Planning and Development Agency (KIPDA)

Title II (ADA) and Title VI Complaint Form

Note: We are asking for the following information to assist in processing your complaint. If you need help in completing this form, please let us know using the contact information included at the bottom of the second page.

Complainant’s Information:

Name ____________________________________________
Address _____________________________________________________________________________
City/State/Zip Code _____________________________________________________________________
Telephone Number (Daytime) ________________ (Evening) ______________________

Person Discriminated Against (If someone other than Complainant):

Name ____________________________________________
Address _____________________________________________________________________________
City/State/Zip Code _____________________________________________________________________
Telephone Number (Daytime) ________________ (Evening) ______________________

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) ___________________ National Origin (Specify) ___________________
Disability __________________________

On what date(s) did the alleged discrimination take place? ____________________________

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).
List names and contact information of persons who may have knowledge of the alleged discrimination.

__________________________________________________________________________________
__________________________________________________________________________________

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? 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 ____________________________________
Address __________________________________
City/State/Zip Code __________________________
Telephone Number __________________________

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

__________________________________________________________________________________  ____________________________________________________________________________
Complainant Signature                                                   Date

Attachments:  Yes_______  No________

Submit form and any additional information to:

Kelly Tyra Cecil
Director of HR and Administrative Services
ADA and Title VI Coordinator
KIPDA
11520 Commonwealth Drive
Louisville, Kentucky 40299

Phone: 502-266-6084
Fax: 502-266-5047
Email: kellytyra.cecil@kipda.org
www.kipda.org