



## ADA/SECTION 504 PROGRAM COMPLAINT

### INFORMATION & INSTRUCTIONS

Title II of the Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, or national origin in certain places of public accommodation. ADA/Section 504 of the Rehabilitation Act of 1973 forbids denying qualified individuals with disabilities and equal opportunity to participate in any programs receiving federal financial assistance.

The complaint process is designed for members of the public to resolve conflicts with the Kentucky Transportation Cabinet (KYTC) involving allegations of discrimination in access to KYTC programs, services, and activities for persons with disabilities pursuant to the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

### SECTION 1: COMPLAINANT INFORMATION

NAME <i>(first, mi, last)</i>			MAILING ADDRESS		
CITY		STATE	ZIP	PREFERRED METHOD OF CONTACT	
				<input type="checkbox"/> Home phone _____	
				<input type="checkbox"/> Email Address _____	
TYPE OF DISABILITY					
<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility	<input type="checkbox"/> Hearing	<input type="checkbox"/> Alt/Cell		
<input type="checkbox"/> Mental/Emotional	<input type="checkbox"/> Visual	<input type="checkbox"/> Other			
<input type="checkbox"/> I do not have a disability.					

### ATTORNEY REPRESENTATION FOR THIS COMPLAINT *(if any)*

NAME <i>(first, mi, last)</i>			FIRM NAME		
ADDRESS		CITY		STATE	ZIP
PHONE					

### SECTION 2: DISCRIMINATION DETAILS

Explain in detail the reasons why you believe discrimination has occurred. **Provide dates, location, and time of discrimination.** If there are witnesses, provide names, addresses, and phone numbers for each witness.



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#### SECTION 2: DISCRIMINATION DETAILS *(cont.)*

#### SECTION 3: GOVERNMENT, ORGANIZATION, OR INSTITUTION BELIEVED TO HAVE DISCRIMINATED

COMPANY NAME		STREET ADDRESS		
MAILING ADDRESS <i>(if different from street address)</i>		CITY	STATE	ZIP
PHONE	PERSON COMPLAINANT SPOKE WITH	TITLE <i>(if known)</i>		

#### PROPOSED RESOLUTION OR ACCOMMODATION *(What remedy is being requested?)(Be specific.)*

Have you filed this complaint with any other federal, state, or local agency or with any federal or state court?

Yes  No

AGENCY NAME	DATE
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### SECTION 4: SIGNATURE AUTHORIZATION & ADDITIONAL INSTRUCTIONS

**SIGNATURE**

**DATE**

Return this form to:

ADA/Section 504 Coordinator  
Office for Civil Rights and Small Business Development  
200 Mero Street, 6<sup>th</sup> Floor West  
Frankfort, KY 40622

The Kentucky Transportation Cabinet (KYTC) does not discriminate on the basis of disability in admission of its programs, services, or activities; in access to them, in treatment of individuals with disabilities, or in any aspect of their operations. KYTC also does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Questions, complaints, or requests for additional information regarding the ADA and Section 504 may be addressed to:

ADA/Section 504 Coordinator  
Office for Civil Rights and Small Business Development  
200 Mero Street, 6<sup>th</sup> Floor West  
Frankfort, KY 40622  
(502) 564-3601

This notice is available in large print, on audio tape, and in Braille upon request to the ADA Coordinator.