

Title VI Complaint Form

Section I: Please Write Legibly		
1. Name:		
2. Address:		
3. Telephone:		Secondary Phone (optional):
4. Email Address:		
5. Accessible Format Requirements?	Large Print	Audio Tape
	TDD	Other
Section II:		
6. Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to #6, go to Section III		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint?		
8. What is your relationship with this individual?		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.		
YES No		
Section III:		
11. 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		
12. Date of alleged discrimination: (mm/dd/yyyy)		
13. Explain as 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:		
14. Have you previously filed a complaint with Federated Transportation Services of the Bluegrass, Inc.??	Yes	No

Section V:	
15. 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"/> State Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> Local Agency <input type="checkbox"/> State Court	
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	Email:
Section VI:	
Name of Transit Agency complaint is against:	
Contact Person:	
Telephone:	

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date are required below to complete form:

Signature: _____

Date: _____

Submit form and any additional information to:

Pam Shepherd, Executive Director
Federated Transportation Services of the Bluegrass, Inc.
2308 Frankfort Ct.
Lexington KY 40510
Phone: 859-233-0066
888-848-0989
Fax: 859-685-6993
Email: pshepherd@ftsb.org