KENTUCKY TRANSPORTATION CABINET
Office for Civil Rights and Small Business Development

External Discrimination Complaint

Instructions: Complete and sign this form, and then mail or fax it to the Kentucky Transportation Cabinet.

Address:
Kentucky Transportation Cabinet
Office for Civil Rights & Small Business Development
200 Mero Street, 6th Floor West
Frankfort, KY 40622

Fax:
Kentucky Transportation Cabinet
Office for Civil Rights & Small Business Development
Attn: Discrimination Complaint Coordinator
(502) 564-2114

SECTION 1: COMPLAINANT INFORMATION

FIRST NAME	MI	LAST NAME	PHONE	ALTERNATE PHONE	EMAIL ADDRESS

MAILING ADDRESS (*street*)	CITY	STATE	ZIP

SECTION 2: COMPLAINT DETAILS

Please indicate the basis of your complaint:

- ☐ Race _____
- ☐ Color _____
- ☐ Age _____
- ☐ Gender _____
- ☐ Disability _____
- ☐ Low Income _____
- ☐ National Origin _____
- ☐ Limited English Proficiency (LEP) _____

Provide the date and place(s) of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently than you. (*Attach additional pages if necessary*.)

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances. Tell what action you took which you believe was the cause for the alleged retaliation. (*Attach additional pages if necessary*.)

Names of individuals, agency, or department responsible for the discriminatory action(s):

	Name:	Address:	Phone:
1.			
2.			
3.			
4.			

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Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (*Attach additional pages if necessary*.)

	Name:	**Address:**	**Phone:**
1.			
2.			
3.			
4.			

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. (*Attach additional pages if necessary.*)

Photographs submitted with complaint? ☐ Yes ☐ No

SECTION 3: ACTIONS

Have you filed, or do you intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. (*Check all that apply*.)

- ☐ U.S. Department of Transportation _____
- ☐ Federal Highway Administration _____
- ☐ Federal Transit Administration _____
- ☐ Other _____
- ☐ Office of Federal Contract Compliance Programs _____
- ☐ U.S Equal Employment Opportunity Commission _____
- ☐ U.S. Department of Justice _____

Have you discussed the complaint with any KYTC representative? ☐ Yes ☐ No
If yes, provide the name, position, and date of discussion.

Name of KYTC Representative	**Position of Representative**	**Date of Discussion**

Do you have an attorney regarding this matter? ☐ Yes ☐ No
If yes, please provide attorney's contact information.

Name of Law Firm	**Name of Representing Attorney**
Mailing Address	**Phone**

Briefly explain what remedy or action you are seeking for the alleged discrimination.

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

_____ _____
Complainant's Signature **Date**

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case #: _____
Processed by: _____ Date Referred: _____

Referred to: ☐ U.S. DOT ☐ FHWA ☐ FTA ☐ OFCCP ☐ Other _____