



KENTUCKY TRANSPORTATION CABINET
Office for Civil Rights and Small Business Development

TC 18-10
Rev. 04/2019
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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

Table with columns: 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:

- Checkboxes for: Race, Gender, National Origin, Sex, Color, Disability, Limited English Proficiency (LEP), Age, Low Income, Religion

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):

Table with columns: Name, Address, Phone. Rows 1-4 for listing individuals.



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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.)

Table with 3 columns: Name, Address, Phone. Rows 1-4 for listing contacts.

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.)

Checkboxes for: 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.

Table with 3 columns: 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.

Table with 2 columns: 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 \_\_\_\_\_