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(*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 | | | | | | | | | |  | | | | |  |  | | | | Office of Federal Contract Compliance Programs | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |  | | Federal Highway Administration | | | | | | | | | |  | | | | |  |  | | | | U.S Equal Employment Opportunity Commission | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |  | | Federal Transit Administration | | | | | | | | | |  | | | | |  |  | | | | U.S. Department of Justice | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |  | | Other |  | | | | | | | | | | | | | |  | |  | | |  | | | | |  | | |  |  | | |  |  | | |  | |  | |  | |  |  |  |  |  | | |  |  | |  | | | | | | | | | |  | | | | |  | |  | | |  | | | | |  | | |  |  | | |  |  | | |  | |  | |  | |  |  |  |  |  | | | 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 | | | | | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |