



ADA/SECTION 504 PROGRAM COMPLAINT

INFORMATION & INSTRUCTIONS

ADA/Section 504 of the Rehabilitation Act of 1973 forbids denying qualified individuals with disabilities 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			

ATTORNEY REPRESENTATION FOR THIS COMPLAINT *(if any)*

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

SECTION 2: INCIDENT DETAILS

Select each of the following that is applicable to the denied access of complainant:

- Public Rights-of-Way Program Service Activity

Provide a detailed explanation of the denied accessibility incident. **Provide dates, location, and time.** If there are witnesses, provide names, addresses, and phone numbers for each witness.



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SECTION 2: INCIDENT DETAILS *(cont.)*

Empty space for incident details.

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.)*

Empty space for proposed resolution or accommodation.

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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PERSON/TITLE COMPLAINT DIRECTED TO



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SECTION 4: SIGNATURE AUTHORIZATION & ADDITIONAL INSTRUCTIONS

By giving my signature below, I acknowledge that the information provided on this form is true and accurate to the best of my knowledge, and I accept that I may be contacted by a KYTC Office for Civil Rights and Small Business Development official in regards to this complaint.

SIGNATURE

DATE

Return this form to:

ADA/Section 504 Coordinator
Office for Civil Rights and Small Business Development
200 Mero Street, 6th 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, 6th 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.