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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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** *(first, mi, last)* | | | | | **MAILING ADDRESS** | | | | | **CITY** | | | **STATE** | **ZIP** | **PREFERRED METHOD OF CONTACT** | | | | | Home phone |  | | | | **TYPE OF DISABILITY** | | | | | Email Address |  | | | | Speech | Mobility | Hearing | | | Alt/Cell |  | | | | Mental/Emotional | Visual | Other | | |  | | | | |  | | | | | | | | | | **ATTORNEY REPRESENTATION FOR THIS COMPLAINT** *(if any)* | | | | | | | | | | **NAME** *(first, mi, last)* | | | | | **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. | | | | | | | | | |  | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **SECTION 2: INCIDENT DETAILS** *(cont.)* | | | | | | | |  | | | | | | | | **SECTION 3: GOVERNMENT, ORGANIZATION, OR INSTITUTION BELIEVED TO HAVE DISCRIMINATED** | | | | | | | | **COMPANY NAME** | | **STREET ADDRESS** | | | | | | **MAILING ADDRESS** *(if different from street address)* | | **CITY** | | | **STATE** | **ZIP** | | **PHONE** | **PERSON COMPLAINANT SPOKE WITH** | | **TITLE** *(if known)* | | | | | **PROPOSED RESOLUTION OR ACCOMMODATION** *(What remedy is being requested?)(Be specific.)* | | | | | | | |  | | | | | | | | 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** | | |   **PERSON/TITLE COMPLAINT DIRECTED TO** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |