

COMMONWEALTH OF KENTUCKY

**KENTUCKY DEPARTMENT FOR LIBRARIES AND ARCHIVES
TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act states “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and return to:

Dena Ratliff Warren, Grants Administrator
KDLA, PO Box 537, Frankfort, KY 40602-0537.
Monday–Friday from 8:00a - 4:30p; 502-564-8300

Note: To protect your rights, your complaint must be filed within 180 days of the occurrence.
Failure to file within 180 days may result in dismissal of complaint.

1. Complainant’s Name _____

2. Address _____

3. City, State and Zip Code _____

4. Telephone (home) _____ (business) _____ (cell) _____

5. Email _____

6. Person discriminated against (if someone other than complainant)

Name _____

Address _____

City, State and Zip Code _____

7. What was the discrimination based on? (check all that apply)

Race/Color

Low Income

Disability

National Origin

Gender

Limited English Proficiency

Religion

Sex

Sexual Orientation

Age

Gender Identity

8. Date of alleged discrimination: _____

9. Describe the alleged discrimination. Explain what happened and whom you believe was responsible. (for additional space, attach sheets of paper or use back of the form)

10. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

Yes No

If yes, please provide the name of the Agency/Court where you filed your complaint:

Agency/Court _____
Contact Person _____
Address _____
City, State, Zip Code _____
Email _____

11. Do you need any special accommodations for communication regarding this complaint?
(mark all that apply)

Braille

Large Print

Audio

Sign Language Interpreter (specify language) _____

Language Interpreter (specify language) _____

Other _____

12. How can this complaint be resolved (how can the problem be corrected)?

Please sign below. Attach any documents you believe supports your complaint. Include the names, addresses, email contact, and telephone numbers of witnesses.

Signature

Date

If you wish to file your complaint with a federal agency, please mail your complaint forms to the following address:

US Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Office of the Assistant Attorney General, Main
Washington DC 20530

202/514-4609
202/514-0716 (TTY)