

**Kentucky Cabinet for Economic Development**  
**Title VI Complaint Form**

*Note: We are asking for the following information to assist in processing your complaint. If you need help in completing this form please let us know.*

**Complainant's Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_

**Person Discriminated Against (If someone other than complainant)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_

**Which of the following best describes the reason you believe the discrimination took place?**

Race/Color (Specify) \_\_\_\_\_ National Origin (Specify): \_\_\_\_\_

**On what date(s) did the alleged discrimination take place?** \_\_\_\_\_

**Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List names and contact information of persons who may have knowledge of the alleged discrimination.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

Federal Agency \_\_\_\_\_  
State Agency \_\_\_\_\_  
Local Agency \_\_\_\_\_

Federal Court \_\_\_\_\_  
State Court \_\_\_\_\_

**Please provide information about a contact person at the agency/court where the complaint was filed.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

**Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.**

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

Attachments: Yes \_\_\_\_\_

No \_\_\_\_\_

**Submit form and any additional information to:**

Title VI Coordinator  
Office of Legal Services  
Cabinet for Economic Development  
Old Capitol Annex  
300 West Broadway  
Frankfort, Kentucky 40601  
Phone: 502-564-7670  
Fax: 502-564-1535  
[www.thinkkentucky.com/](http://www.thinkkentucky.com/)