



Title VI Complaint Form (page 1)

First Name:	Last Name:
Address:	City/State:
Zip Code:	Phone Number:
Date that Discriminatory Incident was Filed with FT:	Email Address:
Date of Discriminatory Incident:	Time of Incident:
Incident Location (be as specific as possible):	

Which of the following action(s) do you believe were taken against you? (Check all that apply):

- Denied program service, aid, or benefit.
- Received service or benefit differently or inferior to those provided to others.
- Subjected to segregate or separate treatment related to the receipt of any service or benefit.
- Denied opportunity to participate as member or planning or advisory board.
- Other

In your own words, describe alleged discriminatory acts. Please provide date(s), when applicable, and as many details as you can provide (use another blank sheet of paper if necessary). If others are treated differently than





Title VI Complaint Form (page 2)

Witnesses: Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact information as possible. **NOTE THAT THIS LIST WILL NOT BE PROVIDED TO RESPONDENT(S) NAMED IN YOUR COMPLAINT.** Use another sheet of blank paper if necessary.

Name	_____
Address	_____
Phone Number	_____
Email Address	_____
Name	_____
Address	_____
Phone Number	_____
Email Address	_____
Name	_____
Address	_____
Phone Number	_____
Email Address	_____

City of Frankfort- Frankfort Transit OPERATES ITS PROGRAMS WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN. TO REQUEST INFORMATION OR FILE A DISCRIMINATION COMPLAINT, CONTACT:

Rebecca Hall, Community Relations
315 W. Second Street, Frankfort KY 40601
(502) 875-8500 or Email: rhall@frankfort.ky.gov

Written complaints must be filed within 10 days of the alleged discrimination. Written complaints may also be filed within 180 days with the USDOT Federal Transit Administration. Oral complaints may be given at the above address by those with limited

LA ciudad de Frankfort-Frankfort Transit opera sus programas sin tener en cuenta la raza, el COLOR o el origen nacional. Para solicitar información o presentar una queja de discriminación, comuníquese con:

Rebecca Hall, Relaciones Comunitarias
315 W. Second Street, Frankfort KY 40601
(502) 875-8500 or Email: rhall@frankfort.ky.gov

Las quejas por escrito deben presentarse dentro de los 10 días siguientes a la presunta discriminación. Las quejas escritas pueden también ser archivadas dentro de 180 días con la administración federal del tránsito de USDOT. Las quejas orales pueden ser dadas en la dirección antedicha por éstas con dominio inglés limitado.



315 W. Second Street * Frankfort , KY 40601
(502) 875-8565 * (502)875-8500 * Fax (502)352-2155