# The City of Owensboro

## Discrimination Complaint Form

### Section I:

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone (Home):</td>
<td>Telephone (Work):</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td></td>
</tr>
</tbody>
</table>

### Section II:

<table>
<thead>
<tr>
<th>Are you filing this complaint on your own behalf?</th>
<th>Yes*</th>
<th>No</th>
</tr>
</thead>
</table>

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

### Section III:

<table>
<thead>
<tr>
<th>I believe the discrimination I experienced was based on (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Race</td>
</tr>
<tr>
<td>[ ] Disability</td>
</tr>
</tbody>
</table>

Date of Alleged Discrimination (Month, Day, Year): ________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

________________________________________________________________________

________________________________________________________________________

### Section IV

<table>
<thead>
<tr>
<th>Have you previously filed a Title VI complaint with this agency?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
### Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

[ ] Yes       [ ] No

If yes, check all that apply:

[ ] Federal Agency: ____________________________

[ ] Federal Court ____________________________  [ ] State Agency __________________

[ ] State Court ____________________________  [ ] Local Agency __________________

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

Name: ____________________________

Title: ____________________________

Agency: ____________________________

Address: ____________________________

Telephone: ____________________________

### Section VI

Name of agency complaint is against:

Contact person: ____________________________

Title: ____________________________

Telephone number: ____________________________

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

If information is needed in Spanish or another language, contact 270-687-8570.

Si se necesita información en otro idioma, comuníquese con: 270-687-8570.

Signature and date required below

_________________________________  ________________________

Signature                          Date

Please submit this form in person at the address below, or mail this form to:

Pamela Canary
Transit Manager
430 Allen St.
Owensboro, KY 42303