



KYOVA Interstate Planning Commission Title VI Complaint Form



Instructions

Complete and sign this form and
then submit it in-person or mail it to
KYOVA Interstate Planning Commission

KYOVA Interstate Planning Commission

Attention: Title VI Coordinator

400 Third Avenue

P. O. Box 939

Huntington, WV 25712

SECTION 1: COMPLAINANT INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address (street):		
City:	State:	Zip Code:
Phone:	Alternate Phone:	
Email Address:		
Are you filing this complaint on your own behalf?	Yes* No <i>If you answered "yes" to this question, go to Section 2</i>	
If you are filing this complaint on behalf of another person, please provide the name and relationship of the person for whom you are filing	Name	Relationship
Please explain why you have filed for a third party. If more space is required, please use the back of this form or attach a separate sheet.		

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

Yes, I have received permission	No, I have not received permission
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SECTION 2: COMPLAINT DETAILS

Please indicate the basis of your complaint (Check all that apply)	Race	Color	
	National Origin	Sex	
Date of Alleged Discrimination	Month	Day	Year

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently than you. If more space is required, please use the back of this form or attach a separate sheet.

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Names of individuals, agency or department responsible for the discriminatory action(s):

Name	Address	Phone
1.		
2.		
3.		
4.		

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint. (Attach additional pages if necessary)

Name	Address	Phone
1.		
2.		
3.		
4.		

Please attach/include any additional information and/or photographs, if applicable, that you believe will assist with an investigation. (Attach additional pages if necessary)

Photographs submitted with complaint?	Yes	No
Have you previously filed a Title VI complaint with this agency?	Yes	No

SECTION 3: ACTIONS

Have you filed, or do you intend to file a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates and provide their contact information (Check all that apply)

Agency	Date Filed	Address or phone number of agency
<input type="checkbox"/> U. S. Department of Transportation		
<input type="checkbox"/> Federal Highway Administration		
<input type="checkbox"/> Federal Transit Administration		
<input type="checkbox"/> U. S. Equal Employment Opportunity Commission		
<input type="checkbox"/> Other		

Have you discussed the complaint with a KYOVA representative?	Yes	No
If yes, please provide the name, position and date of discussion		

Name of KYOVA Representative	Position of Representative	Date of Discussion
Do you have an attorney regarding this matter?		
Yes		
No		
If Yes, please provide attorney's contact information.		
Name of Law Firm	Name of Representing Attorney	
Mailing Address	Phone	

Briefly explain what remedy or action you are seeking for the alleged discrimination.

Please sign and date the compliant form. Unsigned and dated forms cannot be accepted.

Complainants' Signature	Date

FOR OFFICE USE ONLY

Date Complaint Received:	Case #:
Processed by	
Name:	Title: