KENTUCKY DEPARTMENT OF VETERANS AFFAIRS

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 Information:

Name:____________________________________________
Mailing Address:____________________________________
Telephone Number: (Home)______________________________________
Telephone Number: (Work)_______________________________________

Person Discriminated Against (if someone other than complainant)

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

Race/Color (Specify)_________________________ National Origin (Specify)_______________________

On what date 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).

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
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___________________________________________________________________________________
___________________________________________________________________________________

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

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

___________________________________________________________________________________

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

Federal Agency ________________________________
State Agency ________________________________
Local Agency: ________________________________
Federal Court: ________________________________
State Court: ________________________________

Send to: John Ostroske, 1111B Louisville Road, Frankfort, Kentucky 40601. Telephone-(502) 564-9203. FAX No. (502) 564-9240. Email: john.ostroske@ky.gov