Appendix B

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF VETERANS AFFAIRS
1111 LOUISVILLE ROAD, SUITE B
FRANKFORT, KENTUCKY 40601
PHONE: (502) 564-9203

Complaint Under Title VI
The Civil Rights Act of 1964

Attn: John Ostroske, Title VI Coordinator for Kentucky Department of Veterans Affairs
1111 Louisville Road, Suite B
Frankfort, Kentucky 40601
Phone: (502) 564-9203
Email: john.ostroske@ky.gov

1. Complainant's Name:		
Address:		
City:	State:	Zip Code:
Telephone:		
Email Address:		
Do you prefer to be contacted via email?		

2. Are you filing this complaint on your own behalf?	☐ Yes ☐ No

3. Name of person filing complaint (if different from above):		
Address:		
City:	State:	Zip Code:
Telephone:		
Email Address:		
Do you prefer to be contacted via email?		

4. What is your relationship to the person for whom you are filing the complaint?

5. Do you have permission from the aggravated party to file a complaint on their behalf?	
☐ Yes, I have permission	☐ No, I do not have permission.

6. I believe that the discrimination I experienced was based on (check all that apply):			
☐ Race	☐ Color	☐ National Origin	
☐ Other :			

7. Date of the alleged discrimination (Month, Day, and Year):	

8. Where did the alleged discrimination take place?

9. Describe as clearly as possible what happened and why you believe that you were discriminated against. Describe the person(s) involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or additional pages if necessary.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or additional pages if necessary.*

11. What type of corrective action would you like to see taken?

12. If you have filed this complaint elsewhere, please identify where below?

13. Please provide contact information for the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone:	
Address:		
City:	State:	Zip Code:

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

Signature and date signed are required:

Signature: _____ Date: _____

If you completed Questions 3, 4, and 5, your signature and date signed are also required.

Signature: _____ Date: _____