

ADA/Title VI Discrimination Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant's Information:

Name:

Address:

City:

State:

Zip:

Home Phone:

Alternate Phone:

Person discriminated against (someone other than complainant):

Name:

Address:

City:

State:

Zip:

Home Phone:

Alternate Phone:

Which of the following best describes the reason you believe the discrimination took place?
Please be specific by checking a box.

Race

Color

National Origin

Disability

On what date(s) did the alleged discrimination take place?

Where did the alleged discrimination take place?

What is the name and title of the person(s) who you believe discriminated against you (if known)?

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper).

List names and contact information of persons who may have knowledge of the allegedly discrimination.		
If you have filed this complaint with any other federal, state, or local agency, or with any federal or state court, check all that apply.		
<input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency		
Name:		
Address:		
City:	State:	Zip:
Home Phone:		Alternate Phone:
Complainant Signature:		
Date:	Number of attachments:	

Submit form and any additional information to:

Christy Henley, Title VI Coordinator
Purchase Area Development District (PADD)
1002 Medical Drive
Mayfield, Kentucky 42066
270-251-6144
270-251-6110 (Fax)
christy.henley@purchaseadd.org