## **Transit Authority of Central Kentucky (TACK)**

## Title VI Civil Rights Complaint Form

Section I								
Name:								_
Address:	Street		(	City		State	Zip	_
Telephone Num	bers:							
Home:	Work	:		Othe	er:			_
E-Mail Address:								_
Accessible Form	nat Requirements?							
Large Print:	Yes No	-	Audio Tap	e: Yes		No		_
TDD: Yes	No	_	Other:					_
compliance and properly abide by to Address Envi Department of T	ansit Administration (F I monitoring, which in y Title VI of the Civil Ri ronmental Justice in M ransportation's Guidan nt (LEP) Beneficiaries.	ncludes e ghts Act o inority Po	nsuring th of 1964, Ex pulations	nat prov xecutive and Low	viders of Order v Incom	of public 12898, "F ie Popula	transportat ederal Actions", and	tion ons the
Section II:								
	s complaint on your ow I "yes" to this question,			es		No		
If not, please su	pply the name and rela	tionship o	f the perso	on for wh	hom yo	u are con	nplaining:	
Name:		Relation	nship:					
Please explain v	vhy you have filed for a	third part	y					
	that you have obtained party. Yes				rieved p	party if yo	ou are filing	on
What is the basi	s for your complaint?	Race	Co	olor		National	Origin	

Section III  Have you previously filed a Title VI complaint with TACK Transit?  Yes No
If yes, what was your Complaint No?
(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)
Have you filed this complaint with any of the following agencies? Yes No
(If you answered yes, who did you file the complaint with?)
Federal Transit Administration: U. S. Department of Transportation:
Kentucky Dept. of Transportation: Department of Justice:
Equal Employment Opportunity Commission:
Have you filed a lawsuit regarding this complaint? Yes No
If yes, please provide a copy of the complaint form. (Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the Court.
Section IV:
Complaint is against:
Contact Person: Title:
Telephone Number:
Attached is a blank sheet of paper to describe your complaint. Please use additional sheets if necessary.
Section V:
Please sign here:Date:
(Note: We cannot accept your complaint without a signature)
Please mail your completed form to:
TACK Title VI Coordinator 1209 N Dixie Ave.

**COMPLAINT DESCRIPTION** 

Elizabethtown, KY 42701

(You should include specific details such as names dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations.)