

Appendix E

Complaint Form

Murray Calloway Transit Authority (MCTA)

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
☐ Race	☐ Color	☐ National Origin	☐ Age	
☐ Disability	☐ Family or Religious Status	☐ Other (explain) _____		
Date of Alleged Discrimination (Month, Day, Year): _____				

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes

☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court _____

☐ State Court _____

☐ State Agency _____

☐ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature and date required below

Signature

Date

MCTA operates its programs without regard to race, color or national origin. To request information or to file a discrimination complaint, contact:

Please submit this form in person at the address below, or mail this form to:

Rodney Skinner, Executive Director
Murray Calloway Transit Authority
1111 Transit Way
Murray, Kentucky 42071

MCTA opera sus programas sin distinción de raza, color u origen nacional. Para solicitar información o presentar una queja por discriminación, contacte a:

Envíe este formulario en persona a la dirección que figura a continuación, o envíe este formulario a:

Rodney Skinner, Director Ejecutivo
Autoridad de tránsito de Murray Calloway
1111 Transit Way
Murray, Kentucky 42071