



Think Progress. Think Tomorrow. Think GRADD.

Discrimination Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-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):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> Family or Religious Status	<input type="checkbox"/> 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

David Johnston, Chairman ■ Brad Schneider, Vice Chairman ■ Al Mattingly, Jr., Secretary ■ Steve Henry, Treasurer ■ Jiten Shah, Executive Director

SISTER REGION:

 Olomoucký kraj
www.kr-olomoucky.cz

Green River Area Development District ■ 300 GRADD Way ■ Owensboro, Kentucky 42301-0200

(270) 926-4433 ■ Fax (270) 684-0714 ■ www.GRADD.com ■ TDD Users: 1-800-648-6056

Serving the Municipal and County Governments of Daviess ■ Hancock ■ Henderson ■ McLean ■ Ohio ■ Union ■ Webster



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 Agency _____

State Court _____

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

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

Joanna Shake
Executive Director
300 GRADD Way
Owensboro, KY 42301