

APPENDIX G***NATIONAL ORIGIN DISCRIMINATION COMPLAINT FORM***

**Instructions: Complete and sign this form, and the attached Consent Release form, then e-mail
OR mail it to the Lexington Fayette Urban County Government (LFUCG) Title VI Officer:**

**Isabel G. Taylor itaylor@lexingtonky.gov
1306 Versailles Rd, Suite 110
Lexington, KY 40504**

Sec. 1. COMPLAINANT INFORMATION

Name: _____ e-mail: _____

Address: _____

_____ Zip _____

Cell: (____) _____ Work: (____) _____

Person(s) discriminated against, if different from above:

Name: _____ e-mail: _____

Address: _____

_____ Zip _____

Cell: (____) _____ Work: (____) _____

Please explain your relationship to this person(s). _____

Sec. 2. COMPLAINT DETAILS

(a) Division, Department, program, or subcontractor agency or program that discriminated:

Name: _____

Address: _____

_____ Zip _____

Cell: (____) _____ Work: (____) _____

(b) Does your complaint concern discrimination in access to a program or the delivery of services or in other discriminatory actions of the LFUCG department or subcontractor agency in its treatment of

you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

(c) What is the most convenient time and place for us to contact you about this complaint?

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

If applicable, earliest date of discrimination: _____

Most recent date of discrimination: _____

(e) Complaints of discrimination generally must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint and Lexington Fayette Urban County Government (LFUCG) will evaluate the explanation and decide if a waiver is appropriate.

(f) Please explain, as clearly and neatly as possible, what happened, where and when it happened, why you believe it happened, and how the discrimination occurred. Indicate who was involved. Be sure to include how other persons were treated differently from you or those in question. **(Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)**

(g) Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d – 2000d7 and the nondiscrimination section of the Omnibus Crime Control and Safe Streets Act of 1968, 28 U.S.C. § 3789d(c), prohibit recipients of federal funds from intimidating or retaliating against anyone because he or she has either taken action or participated in an action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain, as clearly and neatly as possible, the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

(h) Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

(i) Do you have any other information that you think is relevant to our investigation of your discrimination complaint?

(j) What remedy are you suggesting?

(k) Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Lexington Fayette Urban County Government or any Federal agencies?

Yes____, No____

If so, do you remember the Complaint Number?

What agency and department or program was it filed with?

Address: _____

_____ Zip _____

Telephone: (_____) _____

Date of Filing: _____ Filed Against: _____

Name of person that took the complaint: _____

Briefly, what was the complaint about?

What was the result?

(l) * We cannot accept an unsigned complaint. Please sign and date this Complaint Form below.

(Signature)

(Date)

FOR OFFICE USE ONLY

Date Complaint Received: _____

Case Number: _____

Sent by: _____

Dept., Div. and/or Program: _____

Referred to LFUCG:

Date Referred: _____

Director of Grants (_____)

Department Commissioner (_____)

CAO

Human Resources (_____)

Law Department (_____)

Other: (_____)

Recommendation attached, if any: Yes No _____

We will need your consent to disclose your name, if necessary, in the course of any investigation. Please sign and date the Consent Form. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) Please mail or e-mail the completed, signed Discrimination Complaint Form and the signed Consent Form as directed above (please make one copy of each for your records).

How did you learn that you could file this complaint?

COMPLAINANT CONSENT/RELEASE FORM

Name of Complainant _____

E-mail: _____ Address: _____

Complaint number(s): (if known) _____

Please read the information below, check the appropriate box, and sign the form.

I have read LFUCG's Notice of Investigatory Uses of Personal Information. As a complainant, I understand that in the course of an investigation it may become necessary for LFUCG to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of LFUCG to honor requests under the Freedom of Information Act. I understand that it may be necessary to disclose information, including personally identifying details that LFUCG has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

CONSENT – I have read and understand the above information and authorize LFUCG to reveal my identity to persons at the organization or institution under investigation. I hereby authorize LFUCG to receive material and information about me pertinent to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily

CONSENT DENIED – I have read and understand the above information and do not want LFUCG to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

SIGNATURE_____
DATE