

Owen County Fiscal Court
 100 North Thomas Street
 Owenton, Kentucky 40359

Office: (502) 484-3405
 Fax: (502) 484-1004
 www.owencountyky.us



Todd Woodyard
 County Judge/Executive

Magistrates
 Tom Slayback, District 1
 Dane Perkins, District 2
 Wayne Harris, District 3
 Travis Fitzgerald, District 4

Owen County Public Transit
Title VI Complaint Form

Section I			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements? (Check all that apply)	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			
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? <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
If yes, 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 _____	
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:

ATTN: Judge/Executive
 100 North Thomas Street
 Owenton, Kentucky 40359

or

 Office of Civil Rights
 Attention: Title VI Program Coordinator
 East Building, 5th Floor-TCR
 1200 New Jersey Ave., SE
 Washington, DC 20590