

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  
ADA/SECTION 504 PROGRAM COMPLAINT FORM**

Title II of the Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, or national origin in certain places of public accommodation. ADA/Section 504 of the Rehabilitation Act of 1973 forbids denying qualified individuals with disabilities an equal opportunity to participate in any programs receiving federal financial assistance.

Please Print Clearly.

**SECTION I**

COMPLAINANT INFORMATION

Name (First, Mi, Last): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PREFERRED METHOD OF CONTACT

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

TYPE OF DISABILITY (Check all that apply)

Speech  Mobility  Hearing  Mental/Emotional  Visual  Other

ATTORNEY REPRESENTING YOU REGARDING THIS COMPLAINT (if any)

Name (First, Mi, Last): \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECTION II**

Explain why you believe discrimination has occurred. **Please provide dates, location, and time of discrimination.** If there are witnesses, please provide names, address, and telephone numbers. Use the back of this form and/or additional sheets as necessary.

**SECTION III**

**GOVERNMENT, ORGANIZATION, OR INSTITUTION YOU BELIEVE HAS DISCRIMINATED**

Company Name: \_\_\_\_\_

Mailing Address (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Person complainant spoke with: \_\_\_\_\_ Title: \_\_\_\_\_

**PROPOSED RESOLUTION OR ACCOMMODATION**

**What remedy are you requesting? (Please be specific.)**

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

Yes  No

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person/Title (complaint directed to): \_\_\_\_\_

**SECTION 4:**

SIGNATURE AUTHORIZATION & ADDITIONAL INSTRUCTIONS

By giving my signature below, I knowledge that the information provided on this form is true and accurate to the best of my knowledge, and I accept that I may be contacted by Owen County Public Transit ADA Coordinator.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Return this form to:

ADA/504 Coordinator  
Owen County Public Transit  
100 North Thomas Street  
Owenton, Kentucky 40359

The Owen County Public Transit does not discriminate based on disability in admission to its program, services, or activities, in access to them, in treatment of individuals with disabilities, or in any aspect of their operations. OCPT also does not discriminate based on disability in its hiring or employment practices.

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and the Section 504 of the Rehabilitation Act of 1973.