



*Serving Anderson, Boyle, Casey, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott, Washington and Woodford Counties.*

**TITLE VI COMPLAINT FORM (page 1):**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City/State:</b>
<b>Zip Code:</b>	<b>Phone Number:</b>
<b>Date that Discriminatory Incident was Filed with BGCAP:</b>	<b>Email Address:</b>
<b>Date of Discriminatory Incident:</b>	<b>Time of Incident:</b>
<b>Incident Location (be as specific as possible):</b>	

Which of the following action(s) do you believe were taken against you? (Check all that apply):

- \_\_\_\_\_ Denied program service, aid, or benefit
- \_\_\_\_\_ Received service or benefit differently or inferior to those provided to others
- \_\_\_\_\_ Subjected to segregate or separate treatment related to the receipt of any service or benefit
- \_\_\_\_\_ Denied opportunity to participate as member of planning or advisory body
- \_\_\_\_\_ Other

In your own words, describe alleged discriminatory acts. Please provide date(s), when applicable, and as many details as you can provide (use another blank sheet of paper if necessary). If others were treated differently than you, please describe.

---



---



---



---



---



---



---



---





Serving Anderson, Boyle, Casey, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott, Washington and Woodford Counties.

**TITLE VI COMPLAINT FORM (page 2):**

Witnesses: Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact information as possible. NOTE THAT THIS LIST WILL –NOT– BE PROVIDED TO RESPONDENT(S) NAMED IN YOUR COMPLAINT. Use another sheet of blank paper if necessary.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Bluegrass Community Action Partnership, Inc., DBA Bluegrass Ultra-Transit Service (BUS) OPERATES ITS PROGRAMS WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN. TO REQUEST INFORMATION OR FILE A DISCRIMINATION COMPLAINT, CONTACT:**

**Debbie Sharp, Human Resources Director**  
**111 Professional Court, Frankfort KY 40601**  
**502.695.4290 or Email: [Debbie.sharp@bgcap.org](mailto:Debbie.sharp@bgcap.org)**

Written complaints must be filed within 180 days of the alleged discrimination. Written complaints may also be filed within 180 days with the USDOT Federal Transit Administration.

Oral complaints may be given at the above address by those with limited English proficiency.

**Servicio de Bluegrass comunidad Action Partnership, Inc., DBA Bluegrass Ultra-transporte (BUS) opera sus programas sin distinción de raza, COLOR u origen nacional. PARA SOLICITAR INFORMACIÓN O PRESENTAR UNA QUEJA POR DISCRIMINACIÓN, COMUNÍQUESE CON:**

**Debbie Sharp, Director de recursos humanos**  
**111 Profesional corte, Frankfort KY 40601**  
**502.695.4290 o por correo electrónico: [Debbie.sharp@bgcap.org](mailto:Debbie.sharp@bgcap.org)**

Las quejas escritas deberán presentarse dentro de los 180 días de la supuesta discriminación. También se pueden presentar quejas escritas dentro de 180 días con la Administración Federal de tránsito USDOT.

Quejas orales pueden darse a la dirección arriba indicada por las personas con dominio limitado del inglés.

