

**KYOVA Interstate Planning Commission**  
Title VI Complaint Form



<b>Section I</b>					
Name:					
Address:					
Telephone (Home):			Telephone (Work):		
Electronic Mail Address:					
Accessible Format Requirements		Large Print		Audio Tape	
		TDD		Other	
<b>Section II</b>					
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 filing the complaint.					
Please explain why you have filed for a third party. If more space is needed, please use the back of this form or a separate sheet.					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.				Yes	No
<b>Section III</b>					
I believe the discrimination I experienced was based on (check all that apply):					
Race	Color	National Origin	Age	Disability	Family or Religious Status
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 or a separate sheet.					



**KYOVA Interstate Planning Commission Complaint Form – Continued**

**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?      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:  
E-mail Address:

**Section VI**

Name of agency complaint is against:  
Contact Person:  
Title:  
Telephone Number:  
E-mail:

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 to the address below, or mail this form to:  
KYOVA Interstate Planning Commission  
Attention: Title VI/EJ Coordinator  
400 Third Avenue  
P. O. Box 939  
Huntington, WV 25712