D. Title VI Complaint Form and Instructions

These complaint procedures apply to the beneficiaries of Bluegrass Center for Autism's programs, activities, and services.

RIGHT TO FILE A COMPLAINT:

Any person who believes they have been discriminated against on the basis of race, color, or national origin by Bluegrass Center for Autism may file a Title VI complaint by completing the Title VI Complaint Form below.

Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

HOW TO FILE A COMPLAINT:

Fill out the Title VI Complaint Form below.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.

- Specific, detailed information (how, why and when) about the alleged act of discrimination.

- Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

Please submit your complaint form to the Title VI Investigator at:

Allison Sumner
Bluegrass Center for Autism
9300 Cedar Center Way
Suite 200
Louisville, KY 40291

A person may also file a complaint directly to:

Federal Transit Administration, Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590.

If information is needed in another language, contact Bluegrass Center for Autism at 502-473-7219 or at:

Bluegrass Center for Autism

9300 Cedar Center Way

Suite 200

Louisville KY 40291

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8. Date of Alleged Discrimination (Month, Day, Year):

9. Where did the Alleged Discrimination take place?

10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

12. Please explain what remedy or action you are seeking for the alleged discrimination.

13. Have you filed a complaint with any other Federal, State, or Local agency, or with any Federal or State court? ( ) YES If yes, check all that apply. ( ) NO
    a. ( ) Federal Agency (List agency's name)
    b. ( ) Federal Court (Please provide location)
    c. ( ) State Court
    d. ( ) State Agency (Specify Agency)
    e. ( ) County Court (Specify Court and County)
    f. ( ) Local Agency (Specify Agency)

14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: Title:

Agency: Telephone: ( ) -

Address:

City: State: Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required:

Signature Date