



## Title VI Complaint Form

Complete and sign this form and mail or fax to Gateway Community Action Agency

**Address:** Gateway Community Action Agency  
PO Box 367  
151 University Drive  
West Liberty, KY 41472

**Fax:** Gateway Community Action Agency  
ATTN: Chief Compliance Officer  
(606) 743-1130

Are you filing this complain on your own behalf? Yes\_\_\_\_\_ No\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please indicate the basis of your complaint:

**Race:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **National Origin:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Provide the date and place(s) of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination if applicable:

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently than you. (*Attach additional pages if necessary.*)

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances. Tell what action you took which you believe was the cause for the alleged retaliation. (*Attach additional pages if necessary.*)

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: *(Attach additional pages if necessary.)*

Names of individuals, agency, or department responsible for the discriminatory action(s):		
Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. *(Attach additional pages if necessary.)*

Photographs submitted with complaint? Yes No

**SECTION 3 | ACTIONS:**

Have you filed, or do you intend to file, a complaint regarding the matter raised with any of the following? If yes, please check all that apply and provide the filing dates.

Federal Agency \_\_\_\_\_ State Agency \_\_\_\_\_  
 Federal Court \_\_\_\_\_ Local Agency \_\_\_\_\_  
 State Court \_\_\_\_\_ Other \_\_\_\_\_

Have you discussed the complaint with any GCA representatives? Yes No  
 If yes, provide the name, position, and date of discussion.

Name of GCA Representative	Position of	Employee	Date of Discussion
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Do you have an attorney regarding this matter? If yes, please provide attorney's contact information. Yes No

Name of Law Firm	Name of Representing Attorney
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Mailing Address	Phone
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Briefly explain what remedy or action you are seeking for the alleged discrimination.

**We cannot accept an unsigned complaint. Please sign and date the complaint form below.**

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR GCA Office USE ONLY**

Date Complaint Received: \_\_\_\_\_ Investigated by: \_\_\_\_\_ Resolution Date: \_\_\_\_\_  
 Resolution Details: