

Notice to the Public:

Notifying the Public of Rights under Title VI

Oldham's Public Bus operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by Oldham's Public Bus you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

How to file a Title VI complaint with Oldham's Public Bus:

1. A Complaint Form may be obtained from the Oldham's Public Bus website: www.lagrangeky.net , or in person from the Oldham's Public Bus office at
307 West Jefferson Street
La Grange KY 40031
2. In addition to the complaint process at Oldham's Public Bus complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 4, 230 Peachtree Street, NW, Suite 1400, Atlanta, GA 30303
Phone: 404-865-5600
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.
If information is needed in another language, contact 502-222-1433.

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Director
 Oldham's Public Bus
 307 West Jefferson Street
 La Grange KY 40031
 kbechtold@lagrangeky.net
 502-222-5875
 www.lagrangeky.net

PLEASE PRINT

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Home () or Cell ()		Work
() -		() -
d. Email address:		
Do you prefer to be contacted by this e-mail address? () YES () NO		
2. Accessible Format of Form Needed? () YES specify: _____ () NO		
3. Are you filing this complaint on your own behalf? () YES If YES, please go to question 7. () NO If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (include area code): Home () or Cell ()		Work
() -		() -
e. Email address:		
Do you prefer to be contacted by this Email address? () YES () NO		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. () YES, I have permission. () NO, I do not have permission.		
7. I believe that the discrimination I experienced was based on (check all that apply):		
() Race () Color () National Origin (classes protected by Title VI)		
() Other (please specify)		

(Continued)

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