# Gateway Area Development District (GWADD)
## Title VI Complaint Form

### Section I:
- **Name:**
- **Address:**
- **Telephone (Home):**
- **Telephone (Work):**
- **Electronic Mail Address:**

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<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
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<td>Other</td>
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### Section II:
- **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 complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

- Yes
  - No

### Section III:
- I believe the discrimination I experienced was based on (check all that apply):
  - [ ] Race
  - [ ] Color
  - [ ] National Origin
  - [ ] Sex
  - [ ] Age (Over 40)
  - [ ] Religion
  - [ ] Sexual Orientation
  - [ ] Gender Identity
  - [ ] Veteran Status
  - [ ] Disability
  - [ ] Limited English Proficiency
  - [ ] Low Income
  - [ ] Other

  **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.

### 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:

Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

Section VII
Do you have an attorney regarding this matter? If yes, please provide attorney’s contact information.
Name of Law Firm
Name of Representing Attorney
Mailing Address
City, State, Zip
Phone

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

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

Complainant’s Signature _____________________________ Date _____________________________

Please submit this form in person at the address below, or mail/fax this form to:
Joshua A. Farrow, Executive Director
Gateway Area Development District
110 Lake Park Drive
Morehead, Kentucky 40351
Fax: 606.780.0111

FOR OFFICE USE ONLY

Date Complaint Received: _____________________________ Case # _____________________________
Processed By: _____________________________ Date Referred: _____________________________
Referred To: [ ] KYTC [ ] Other _____________________________