

# Licking Valley Community Action (LVCAP)

## ADA 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 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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Disability <span style="margin-left: 200px;"><input type="checkbox"/> Other (explain) _____</span>				
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.				
_____				
_____				
<b>Section IV</b>				
<b>1</b>				
<b>Section V</b>				

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, check all that apply:			
<input type="checkbox"/> Federal	_____	Agency:	
<input type="checkbox"/> Federal	_____	Court	<del><input type="checkbox"/> State Agency</del>
<input type="checkbox"/> State	_____	Court	<del><input type="checkbox"/> Local Agency</del>
Please provide information about a contact person at the agency/court where the complaint was filed.			
<b>Name:</b>			
<b>Title:</b>			
<b>Agency:</b>			
<b>Address:</b>			
<b>Telephone:</b>			
<b>Section VI</b>			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			

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 at the address below, or mail this form to:

Jana Hunt  
Licking Valley Community Action Program  
203 High Street  
Flemingsburg, Ky 41041