

BARREN RIVER



AREA DEVELOPMENT DISTRICT

177 GRAHAM AVENUE
 BOWLING GREEN, KY 42101
 P: 270-781-2381
 P: 270-842-0768
 www.bradd.org

BARREN RIVER AREA DEVELOPMENT DISTRICT DISCRIMINATION COMPLAINT FORM			
Instructions: Complete and sign this form and mail, fax, or deliver to the Barren River Area Development District Address: BRADD:177 Graham Avenue Bowling Green, KY 42101 Attn: Title VI Coordinator Fax: BRADD:177 Graham Avenue Bowling Green, KY 42101 (270) 842-0768			
SECTION 1: COMPLAINT INFORMATION			
FIRST NAME	MI	LAST NAME	
PHONE		ALTERNATE PHONE	
MAILING ADDRESS (street)	CITY	STATE	ZIP
SECTION 2: COMPLAINT DETAILS			
Please Indicate the Basis of Your Complaints: Race _____ Gender _____ National Origin _____ Disability _____ Low Income _____ Age _____ Limited English Proficiency (LEP) _____			
Please provide the date and places of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.			
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 was a factor in the discrimination. Include how other persons were treated differently than. Attach additional pages if necessary.			
The law prohibits intimidation or retaliation against anyone because he/she has either taken actions 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. Describe what action which you took was the cause for the allege retaliation. Attach as additional pages if necessary.			

BRADD MISSION STATEMENT

To preserve and advance the quality of life and economic well-being for the citizens of the BRADD through regional collaboration.

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Names of individuals, agency, or department responsible for the discriminatory action(s):		
Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Names of Persons (witnesses, fellow employees, or others) who contact for additional information to support or clarify your complaint: Attach additional pages if necessary.		
Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
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 provide the filing date. (Check all that apply)		
U.S Department of Transportation _____ Office of Federal Contract Compliance Programs _____		
Federal Highway Administration _____ U.S Equal Employment Opportunity Commission _____		
Federal Transit Administration _____ U.S Department of Justice _____		
Other _____		
Have you discussed this complaint with any other BRADD representative? Yes ___ No ___		
If yes provide the name, position, and date of discussion.		
Name of BRADD Representative	Position of Representative	Date of Discussion
Do you have an attorney regarding this matter? Yes ___ No ___		
If yes, please provide attorney's contact information.		
Name of Law Firm	Name of Representing Attorney	
Mailing Address	Phone	

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

We can not accept an unsigned complaint. Please sign and date below.

Complaint's Signature

Date

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case # _____

Processed By: _____ Date Referred: _____

Referred to U.S DOT ___ FHWA ___ FTA ___ OFCCP ___ U.S. EEOC ___ Other _____

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