V. City of Louisville Public Works - FHWA Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Emily Hogan, Title VI Coordinator, at 303-335-4528.

Address	(City	Zip
Phone: Home			
Email:			
Basis of Complaint (circle a	ıll that apply):		
Race			
Color			
National Origin			
Who discriminated against	you?		
Name			
Name of Organization			
Address		_ City	Zip
How were you discriminate more space is needed)	d against? (Please pi	rovide specific	: details - attach additior

Where did the disc	rimination occur?		
Dates and times di	iscrimination occurred?		
Were there any oth	ner witnesses to the discrim	ination?	
Name	Organization/Title	Work Telephone	Home Telephone
How would you like	e to see this situation resolv	ved?	
	to see this situation resolv		
Have you filed you	r complaint, grievance, or la	awsuit with any other ag	gency or court?
Who			
Status (pending, resolved, etc.) Complaint number, if known			า
Do vou have an at	torney in this matter?		
-		Phone	
Address		Citv	

Date