

**COMMONWEALTH OF KENTUCKY**  
**Education Professional Standards Board**  
**TITLE VI COMPLAINT FORM**

Updated July 1, 2016

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Title VI of the 1964 Civil Rights Act states “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and return to:

EPSB, General Counsel Office, Title VI Compliance Official, 100 Airport Road, 3<sup>rd</sup>  
Floor, Frankfort, KY 40601. You can reach the Title VI Coordinator Monday–Friday  
from 7:30 am-3:30 pm at 502-564-5845, ext. 22147 or [lisak.lang@ky.gov](mailto:lisak.lang@ky.gov).

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**Note: To protect your rights, your complaint must be filed within 180 days of the occurrence.**  
**Failure to file within 180 days may result in dismissal of complaint.**

1. Complainant’s Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. City, State and Zip Code \_\_\_\_\_

4. Telephone (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_

5. Email \_\_\_\_\_

6. Person discriminated against (if someone other than complainant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

7. What was the discrimination based on? (check all that apply)

Race/Color

Low Income

Disability

National Origin

Gender

Limited English Proficiency

Religion

Sex

Sexual Orientation

Age

Gender Identity

7. Date of alleged discrimination: \_\_\_\_\_

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8. Describe the alleged discrimination. Explain what happened and whom you believe was responsible. (For additional space, attach sheets of paper or use back of the form.)

9. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

10. Do you need any special accommodations for communication regarding this complaint? (mark all that apply)

- Braille                       Large Print                       Audio
- Sign Language Interpreter (specify language) \_\_\_\_\_
- Language Interpreter (specify language) \_\_\_\_\_
- Other \_\_\_\_\_

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11. How can this complaint be resolved (how can the problem be corrected)?

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**Please sign below.** Attach any documents you believe supports your complaint. Include the names, addresses, email contact, and telephone numbers of witnesses.

\_\_\_\_\_  
Signature

Date:\_\_\_\_\_

If you wish to file your complaint with a federal agency, please mail your complaint forms to the following address:

**Philadelphia Office  
Office for Civil Rights  
U.S. Department of Education  
The Wanamaker Building  
100 Penn Square East, Suite 515  
Philadelphia, PA 19107-3323**

**Telephone: 215-656-8541  
FAX: 215-656-8605; TDD: 800-877-8339  
Email: [OCR.Philadelphia@ed.gov](mailto:OCR.Philadelphia@ed.gov)**