



TITLE VI COMPLAINT FORM

The Henderson Area Rapid Transit (HART)

HART is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (270) 831-1200 ext. 2204. The completed form must be returned to City of Henderson Human Resources, Title VI Coordinator, 222 First Street, Henderson, KY 42420.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Names(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place? (Check One)

- ☐ Race
☐ Color
☐ National Origin (Limited English Proficiency)

Date of Alleged Incident: _____

Please describe the alleged discrimination incident. Provide the names and title of all HART employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Have you filed a complaint with any other federal, state or local agencies? ☐ Yes ☐ No

If so, list agency/agencies and contact information below:

Agency:	Contact Name:
Street Address, City State & Zip:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip:	Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature Date

Print or Type Name of Complainant

Date Received:	Received By:
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