



External Discrimination Complaint Form

**Section 1: Complainant Information**

Name:
Address:
Phone Number:
Email Address:

**Section 2: Complaint Details**

Please indicate the nature of the basis of your complaint:

Race

Color

National Origin

Sex

Date of alleged incident :

Please use the space below to describe how you were discriminated against. Please provide as much detail as possible describing the nature of the discriminatory action, as well as details such as what happened, where it happened and why you believe your protected class (race, color, national origin or sex) were a factor in the discriminatory act.

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Federal law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by federal law. If you feel that you may have been retaliated against, separate from the discrimination alleged above, please explain the circumstances, including what action you took that you feel is the cause for retaliation.

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Please provide name of persons (witnesses, fellow employees, supervisor, or others) who could be contacted for additional information to support or clarify your complaint:

Name	Address	Phone

If available, please provide any additional information and/or photographs that you believe could assist with this investigation.

Have you filed, or do you intend to file, a complaint on this matter with any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> US Department of Transportation | <input type="checkbox"/> Office of Federal Contract Compliance Programs |
| <input type="checkbox"/> Federal Highway Administration  | <input type="checkbox"/> U.S. Equal Opportunity Commission              |
| <input type="checkbox"/> Federal Transit Administration  | <input type="checkbox"/> U.S. Department of Justice                     |
| <input type="checkbox"/> Other                           |   |

Do you have an attorney regarding this matter?  Yes  No

If yes, please provide the contact information for legal representation:

Name of Law Firm: _____	Name of Attorney: _____
Mailing Address: _____	
Phone: _____	

In order for this complaint to be officially submitted, this form must be signed and dated.

Complainant's Signature: _____
Date: _____

Please return completed form to Mike Riley, HR Director at [mriley@bgadd.org](mailto:mriley@bgadd.org), or mail to:

Bluegrass Area Development District

Attn: HR Director

699 Perimeter Drive

Lexington, KY 40517

Date Complaint Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

Referred to:  U.S. DOT  FHWA

OFCCP

For Office Use Only

Case Number: \_\_\_\_\_

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

Other \_\_\_\_\_