



**Section IV:**

Have you previously filed a Title VI complaint with this agency?  Yes  No

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_  State Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_  Local Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI:**

Name of agency complaint is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form via email at [title.vi.complaint@lextran.com](mailto:title.vi.complaint@lextran.com),  
in person at the address below, or mail this form to:

Lextran  
Title VI Coordinator  
200 West Loudon Avenue • Lexington KY 40508