TITLE VI COMPLAINT FORM - FTA

The Oklahoma Department of Transportation 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 the Title VI of the Civil Rights Act of 1964, as amended. The Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.



| Date of Filing: | | | Oklahoma Department of Transportation |
|---------------------------|-------------------------|-------------------------------------|---|
| Name: | | | |
| Address: | | | 200 N.E. 21st Street, Room 1-C1 |
| City, State, Zip Code: | | | Oklahoma City, Oklahoma 73105 |
| Work Phone: | | | Phone: (405) 521-2072 |
| Home Phone: | | | Fax: (405) 522-2136 |
| E-mail Address: | | | http://www.okladot.state.ok.us/ |
| Indicate on what grour | nd(s) you believe you h | nave been discriminated National O | d against (check all that apply): |
| Indicate the person(s) v | | minated against you: | |
| Work Location (if known): | | | |
| Work Phone: | | | |
| Date of alleged incident | | | |
| | | | and in their communication of the communication that following on |
| | representing you con- | cerning the matters rais | sed in this complaint, please provide the following: |
| Name: | | | |
| Address: | | | |
| Work Phone: | | | |
| E-mail Address: | | | |
| | clude how other perso | | witnesses, please provide names, addresses and telephone ently than you. Attach additional pages as necessary and any |
| | | | |

| What remedy | are you req | uesting? Please | be specific: | | | |
|-----------------------------------|-----------------|--------------------|----------------|-------------------|--------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Have you filed (Federal, State | | ntend to file a ch | arge or comp | laint concerning | the matters raised in th | nis complaint with any other agencies |
| | | ☐ Yes | | ☐ No | | |
| | | | | | | |
| If so, please p | rovide the fo | llowing informa | tion: | | | |
| Agency: | | | | | | |
| Address: | | | | | | |
| Name of Invest | igator (if knov | vn): | | | | |
| Phone Number | : | | | | | |
| E-mail Address: | : | | | | | |
| Date Filed: | | | | | | - |
| Status of case: | | | | | | |
| | | | | | | |
| l confirm | that I have re | ead the above ch | arge(s) and it | is true to the be | st of my knowledge. | |
| | | - | | | | |
| Print or ty | yped name o | of complainant: | | | | |
| | | | | | | |
| | | | | | | |
| Signature | <u> </u> | | | | Date | |
| | | | | | | |

Completed forms must be submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form please contact the Title VI Coordinator at 405-521-2072.

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors.