

# TITLE VI: COMPLAINT FORM



The Association of Central Oklahoma Governments 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 calendar days from the date of the alleged discrimination.

## OFFICE USE ONLY

DATE RECEIVED:

DATE OF FILING:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

INDICATE ON WHAT GROUND(S) YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST (CHECK ALL THAT APPLY):

RACE  COLOR

NATIONAL ORIGIN  RELIGION

SEX  AGE

DISABILITY  OTHER

INDICATE THE PERSON(S) WHO YOU BELIEVE DISCRIMINATED AGAINST YOU:

NAME(S): \_\_\_\_\_

WORK LOCATION (IF KNOWN): \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

DATE OF ALLEGED INCIDENT: \_\_\_\_\_

IF YOU HAVE AN ATTORNEY REPRESENTING YOU CONCERNING THE MATTERS RAISED IN THIS COMPLAINT, PLEASE PROVIDE THE FOLLOWING:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EXPLAIN WHY YOU BELIEVE DISCRIMINATION HAS OCCURRED. BE SURE TO INCLUDE HOW OTHER PERSONS WERE TREATED DIFFERENTLY THAN YOU. IF THERE ARE WITNESSES, PLEASE PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS. ATTACH ADDITIONAL PAGES AS NECESSARY AND ANY WRITTEN MATERIAL PERTAINING TO YOUR CASE.

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WHAT REMEDY ARE YOU REQUESTING? **PLEASE BE SPECIFIC:**

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HAVE YOU FILED OR DO YOU INTEND TO FILE A CHARGE OR COMPLAINT CONCERNING THE MATTERS RAISED IN THIS COMPLAINT WITH ANY OTHER AGENCIES (FEDERAL, STATE, OR LOCAL):  YES  NO

IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION:

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF INVESTIGATOR (IF KNOWN): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

STATUS OF CASE: \_\_\_\_\_

I CONFIRM THAT I HAVE READ THE ABOVE CHARGE(S) AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT OR TYPED NAME OF COMPLAINANT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED FORMS MUST BE SUBMITTED TO THE ASSOCIATION OF CENTRAL OKLAHOMA GOVERNMENTS. IF YOU REQUIRE ANY ASSISTANCE IN FILLING OUT THIS FORM, PLEASE CONTACT THE TITLE VI COORDINATOR AT 405-234-2264