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Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes             No

If so, please provide the following information:

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Investigator: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Status of Complaint: \_\_\_\_\_

**Please attach and/or provide any additional information that might be useful in processing your complaint.**

The completed form 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 ADA/504/508 Coordinator at 405-521-4140.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date