



TITLE VI COMPLAINT FORM

Title VI Program Coordinator
Oklahoma Department of Public Safety
Oklahoma Highway Patrol, Troop S
200 N.E. 38th Terrace
Oklahoma City, OK 73105
Phone: (405) 521-6060
Fax: (405) 702-0819

The Oklahoma Department of Public Safety 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:

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

E-mail Address: _____

Indicate on what ground(s) you believe you have been discriminated against (check all that apply):

- | | | | |
|---|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Limited English Prophecy | <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Low-income |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Genetic Information | |

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: _____

E-mail Address: _____

Explain why you believe discrimination has occurred.

(If there are witnesses, please provide names, addresses and telephone numbers. Be sure to include how other persons were treated different than you. Attach additional pages as necessary and any written material pertaining to your case.)

What remedy are you requesting? Please be specific:

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: _____

E-mail 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.

Signature

Date

Complete forms must be submitted to the Oklahoma Department of Public Safety's Title VI Coordinator. If you require any assistance in filling out this form please contact the Title VI Coordinator at 405-521-6060.