



OKLAHOMA DEPARTMENT OF TRANSPORTATION

200 N.E. 21st Street Oklahoma City, Oklahoma 73105-3204

Office: (405) 521-4140 Fax: (405) 522-4895

Americans with Disabilities Act Discrimination Complaint Form

Name		Phone	Name of Person(s) That Discriminated Against You	
Address			Location and Position of Person (If Known)	
City, State, Zip			City, State, Zip	
Discrimination Because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation			Date of Alleged Incident	
<p>Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also Attach Any Written Material Pertaining To Your Case.</p>				
Signature			Date	

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.

ODOT Form T2-01

May 11, 2011