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:		Civil Rights Division
Address:		200 N.E. 21st Street, Room 1-C1
City, State, Zip Cod	le:	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	ground(s) you believe you have been discrimina	
Indicate the perso Name(s): Work Location (if k	on(s) who you believe discriminated against you nown):	:
Work Phone:		
Date of alleged inc	ident	
If you have an att Name: Address:	orney representing you concerning the matters	raised in this complaint, please provide the following:
Work Phone:		
E-mail Address:		
numbers. Be sur		are witnesses, please provide names, addresses and telephone ferently than you. Attach additional pages as necessary and any

ederal, State, or local			2	d in this complaint with any other age
	Yes	🗌 No		
	e following information:	:		
gency:				
ddress:				
ame of Investigator (if k	nown):			
hone Number:				
ate Filed:				
tatus of case:				
I confirm that I hav	ve read the above charge	e(s) and it is true to th	e best of my knowledg	je.
Print or typed nan	ne of complainant:			
			Date	
Signature				
Signature				
Signature				

What remedy are you requesting? Please be specific: