

Appendix C: Grievance Forms

- Americans with Disabilities Act (Title I) Complaint Form
- Americans with Disabilities Act (Title II) / Section 504 Complaint Form
- Section 508 Complaint Form
- Title VI Complaint Forms
- Title VII Complaint Form

SECTION 508 COMPLAINT FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, 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. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email ODOT-ada-titlevi@odot.org.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____



Oklahoma Department of Transportation
Contract Compliance Division
200 N.E. 21st Street, Room 1-C1
Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-2136
Email: ODOT-ada-titlevi@odot.org

1. Describe the electronic and information technology in question:

2. Describe the non-conformance with the information technology accessibility standards in sufficient detail as to allow a thorough investigation:

3. What remedy are you requesting? Please be specific:

4. 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 Contract Compliance Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

Signature

Date

AMERICANS WITH DISABILITIES ACT - TITLE I COMPLAINT FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email ODOT-ada-titlevi@odot.org.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____



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Contract Compliance Division
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Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-2136
Email: ODOT-ada-titlevi@odot.org

1. Indicate below the person(s) who you believe discriminated against you:

Name(s): _____
Work Location: _____
Work Phone: _____

2. Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

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

4. 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 Contract Compliance Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

Signature

Date

AMERICANS WITH DISABILITIES ACT - TITLE II / SECTION 504 COMPLAINT FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email ODOT-ada-titlevi@odot.org.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____



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Contract Compliance Division
200 N.E. 21st Street, Room 1-C1
Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-2136
Email: ODOT-ada-titlevi@odot.org

1. Indicate below the person(s) who you believe discriminated against you:

Name(s): _____
Work Location: _____
Work Phone: _____

2. Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

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

4. 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 Contract Compliance Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

Signature

Date

FORMULARIO DE DENUNCIA BAJO EL TÍTULO VI

El Departamento de Transporte de Oklahoma se compromete a garantizar que a ninguna persona se le negará la participación en los servicios ni sus beneficios debido a la raza, el color o el origen, según lo previsto por el Título VI de la Ley de Derechos Civiles de 1964, tal como ha sido modificada. Las denuncias bajo el Título VI se deben presentar dentro de los 180 días posteriores a la fecha de la discriminación alegada.



Fecha de presentación:	
Nombre:	
Dirección:	
Ciudad, Estado, Código Postal:	
Teléfono del trabajo:	
Teléfono particular:	
Dirección de correo electrónico:	

Oklahoma Department of Transportation

Contract Compliance Division

200 N.E. 21st Street, Room 1-C1

Oklahoma City, Oklahoma 73105

Teléfono: (405) 318-1428

Fax: (405) 522-2136

<https://oklahoma.gov/odot/business-center/odot-forms.html>

Indique las razones por las cuales piensa que lo discriminaron (marque las opciones que correspondan):

- Raza Color Origen Nacional Sexo Edad
- Discapacidad

Indique las personas que cree que lo discriminaron:

Nombre(s):	
Lugar de trabajo (si lo sabe):	
Teléfono del trabajo:	
Fecha del incidente alegado	

Si tiene un abogado que lo representa con respecto a los asuntos que figuran en esta denuncia, proporcione lo siguiente:

Nombre:	
Dirección:	
Teléfono del trabajo:	
Dirección de correo electrónico:	

Explique por qué cree que ocurrió la discriminación. Si hay testigos, proporcione nombres, direcciones y números de teléfono. Asegúrese de incluir en qué aspectos lo trataron de manera diferente a otras personas. Adjunte páginas adicionales según sea necesario y cualquier documento escrito que pertenezca a su caso.

¿Qué solución solicita? Sea específico:

¿Presentó o desea presentar una acusación o denuncia con respecto a los asuntos que figuran en esta denuncia con otras agencias (federales, estatales o locales)?:

Sí No

Si responde que sí, proporcione la siguiente información:

Agencia:	
Dirección:	
Nombre del investigador (si lo sabe):	
Número de teléfono:	
Dirección de correo electrónico:	
Fecha de presentación:	
Estado del caso:	

Confirmando que he leído los cargos que se mencionan más arriba y a mi leal saber y entender son correctos.

Escriba en letra de imprenta el nombre del demandante:

Firma

Fecha

Los formularios completados se deben enviar a la División de Cumplimiento del Contrato del Departamento de Transporte de Oklahoma. Si necesita ayuda para completar este formulario, comuníquese con el coordinador del Título VI al 405-318-1428.

El Departamento de Transporte de Oklahoma (ODOT) garantiza que ninguna persona o grupo de personas, sobre la base de su raza, color, sexo, religión, nacionalidad, edad, discapacidad, información genética o por represalia, quede excluido de la participación en cualesquier programas, servicios o actividades administradas por ODOT, sus receptores, subreceptores o contratistas, ni se le nieguen los beneficios de estos o bien quede sujeto de otra manera a discriminación en virtud de estos. Para solicitar una adaptación especial, comuníquese con el coordinador de ADA llamando al 405-521-4140 o al Servicio de Retransmisión de Oklahoma llamando al 1-800-722-0353. Si tiene alguna pregunta relacionada con ADA o con el Título VI, envíela por correo electrónico a ODOT-ada-titlevi@odot.org

Imprimir formulario

TITLE VI COMPLAINT FORM

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.



Oklahoma Department of Transportation

Contract Compliance Division

200 N.E. 21st Street, Room 1-C1

Oklahoma City, Oklahoma 73105

Phone: (405) 318-1428

Fax: (405) 522-2136

<https://oklahoma.gov/odot/business-center/odot-forms.html>

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):

- Race Color National Origin Sex Age
- Disability

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 differently 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.

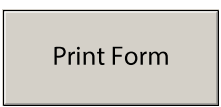
Print or typed name of complainant:

Signature

Date

Completed forms must be submitted to the Oklahoma Department of Transportation's Contract Compliance Division. If you require any assistance in filling out this form please contact the Title VI Coordinator at 405-318-1428.

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TITLE VI COMPLAINT FORM

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, national origin, sex, age, disability, income level, or limited English proficiency (LEP) 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.



Oklahoma Department of Transportation

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200 N.E. 21st Street, Room 1-C1

Oklahoma City, Oklahoma 73105

Phone: (405) 318-1428

Fax: (405) 522-2136

<https://oklahoma.gov/odot/business-center/odot-forms.html>

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):

- Race Color National Origin Sex Age
- Disability Income Level Limited English Proficiency (LEP)

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 differently 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.

Print or typed name of complainant:

Signature

Date

Completed forms must be submitted to the Oklahoma Department of Transportation's Contract Compliance Division.
If you require any assistance in filling out this form please contact the Title VI Coordinator at 405-318-1428.

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Print Form

TITLE VI COMPLAINT FORM - FTA

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Oklahoma City, Oklahoma 73105

Phone: (405) 318-1428

Fax: (405) 522-2136

<https://oklahoma.gov/odot/business-center/odot-forms.html>

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):

- Race Color National Origin

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 differently 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.

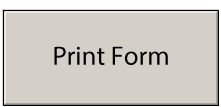
Print or typed name of complainant:

Signature

Date

Completed forms must be submitted to the Oklahoma Department of Transportation's Contract Compliance Division. If you require any assistance in filling out this form please contact the Title VI Coordinator at 405-318-1428.

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第六章投訴表

根據《1964 年民權法案》第六章 (修正) 的規定，奧克拉荷馬州交通局致力於確保任何人不會因其種族、膚色或原國籍而被排除參與或被否定各項服務的福利。第六章投訴必須自指證歧視之日起 180 個日曆日內提交。



提交日期：	
姓名：	
地址：	
城市、州、郵遞區號：	
工作電話：	
住家電話：	
電子郵件位址：	

Oklahoma Department of Transportation

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電話：(405) 318-1428

傳真：(405) 522-2136

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請指出您認為您遭到歧視的原因 (勾選所有適用項)：

- | | | | |
|-----------------------------|-----------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 種族 | <input type="checkbox"/> 膚色 | <input type="checkbox"/> 原國籍 | <input type="checkbox"/> 宗教信仰 |
| <input type="checkbox"/> 性別 | <input type="checkbox"/> 年齡 | <input type="checkbox"/> 殘障 | |

請指出歧視您的人：

姓名：	
工作地點 (如知道)：	
工作電話：	
指證事件發生日期：	

如果有律師代表您處理提出的投訴問題，請提供以下資訊：

姓名：	
地址：	
工作電話：	
電子郵件位址：	

請解釋您為何相信已產生歧視。如果有證人，請提供其姓名、地址和電話號碼。請務必指出其他人所受的對待方式與您有何不同。如必要，請附上更多頁以及任何與此案有關的書面材料。

您要請求什麼補救辦法？請注明：

您是否已向任何其他機構 (聯邦、州或本地) 提交或打算向其控告或投訴有關本投訴提出的相關事項：

是

否

如選擇「否」，請提供以下資訊：

機構名稱：	
地址：	
調查人員 (如知道)：	
電話號碼：	
電子郵件位址：	
提交日期：	
事件狀態：	

我聲明我已閱讀上述指控，並且該指控確實是盡我所知而提出。

投訴人正楷簽名：

簽名

日期

已填妥的表格必須提交至奧克拉荷馬州交通局的公民權利處。
如填寫此表時需要任何援助，請聯絡第六章協調員，電話為 405-318-1428。

Oklahoma交通部 (ODOT) 規定，在ODOT、其資金接收方、次級資金接收方及承包商管理的任何計劃、服務或活動中，不得因種族、膚色、性別、宗教、國籍、年齡、殘疾、報復或基因信息，而排除任何個人或群體的參與、拒絕其從中受益或以其他方式使其受到歧視。如需申請住宿，請聯繫ADA協調員 (405-521-4140) 或Oklahoma中轉服務部門 (1-800-722-0353)。如有關於美國殘疾人法案或民權法案第六條的任何問題，請發送電郵至 ODOT-ada-titlevi@odot.org。

列印表格

MẪU KHIẾU NẠI TIÊU ĐỀ VI



Sở Giao Thông Vận Tải Tiểu Bang Oklahoma cam kết đảm bảo rằng không người nào bị loại khỏi việc tham gia hoặc bị từ chối các quyền lợi về dịch vụ của Sở trên cơ sở chủng tộc, màu da, hoặc nguồn gốc dân tộc, như đã nêu trong Tiêu Đề VI của Đạo Luật về Dân Quyền năm 1964, đã sửa đổi. Phải nộp các khiếu nại Tiêu Đề VI trong vòng 180 ngày theo lịch kể từ ngày xảy ra phân biệt đối xử bị cáo buộc.

Ngày Nộp:	
Tên:	
Địa Chỉ:	
Thành Phố, Tiểu Bang, Mã Zip:	
Điện Thoại Cơ Quan:	
Điện Thoại Nhà:	
Địa Chỉ Email:	

Oklahoma Department of Transportation

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Nêu rõ quý vị cho rằng mình đã bị phân biệt đối xử dựa trên (các) cơ sở nào (đánh dấu tất cả các câu đúng):

- Chủng Tộc Màu Da Nguồn Gốc Dân Tộc Tôn Giáo
- Giới Tính Tuổi Tác Tình Trạng Khuyết Tật

Nêu rõ (những) người quý vị cho rằng đã phân biệt đối xử với quý vị:

(Các) Tên:	
Địa Điểm Làm Việc (nếu biết):	
Điện Thoại Cơ Quan:	
Ngày diễn ra sự việc bị cáo buộc:	

Nếu quý vị có luật sư đại diện liên quan đến các vấn đề được nêu trong khiếu nại này, vui lòng cung cấp các điều sau:

Tên:	
Địa Chỉ:	
Điện Thoại Cơ Quan:	
Địa Chỉ Email:	

Giải thích tại sao quý vị cho rằng phân biệt đối xử đã xảy ra. Nếu có nhân chứng, vui lòng nêu tên, địa chỉ và số điện thoại. Hãy nhớ nêu rõ những người khác được đối xử khác biệt so với quý vị như thế nào. Đính kèm thêm các trang nếu cần và bất kỳ tài liệu bằng văn bản nào liên quan đến trường hợp của quý vị.

Quý vị định yêu cầu biện pháp khắc phục nào? Vui lòng nêu cụ thể:

Quý vị đã gửi văn bản hoặc có ý định gửi văn bản buộc tội hoặc khiếu nại liên quan đến các vấn đề được nêu ra trong khiếu nại này với bất kỳ cơ quan nào khác (Liên Bang, Tiểu Bang, hoặc địa phương) không:

Có

Không

Nếu có, vui lòng cung cấp các thông tin sau:

Cơ Quan:	
Địa Chỉ:	
Tên Điều Tra Viên (nếu biết):	
Số Điện Thoại:	
Địa Chỉ Email:	
Ngày Nộp:	
Tình trạng vụ việc:	

Tôi xác nhận rằng tôi đã đọc (các) cáo buộc trên và đó là sự thật theo hiểu biết của tôi.

Tên viết in hoặc đánh máy của người khiếu nại:

Chữ ký

Ngày

Phải nộp mẫu đã hoàn thành cho Bộ Phận Dân Quyền của Sở Giao Thông Vận Tải Tiểu Bang Oklahoma. Nếu quý vị cần bất kỳ trợ giúp nào trong việc điền vào mẫu này, vui lòng liên hệ Điều Phối Viên Tiêu Đề VI theo số 405-318-1428.

Sở Giao Thông Oklahoma (ODOT) bảo đảm không có người nào hoặc nhóm người nào, vì lý do sắc tộc, màu da, tôn giáo, quốc gia xuất thân, tuổi, tình trạng khuyết tật, hành động trả thù hoặc thông tin di truyền, bị từ chối tham gia, bị từ chối cho hưởng quyền lợi của việc tham gia hoặc bị phân biệt đối xử khi tham gia bất kỳ và tất cả các chương trình, dịch vụ hay hoạt động nào được điều hành bởi ODOT, các bên nhận trợ cấp, bên nhận trợ cấp gián tiếp và các nhà thầu của sở. Để yêu cầu cung cấp phương tiện trợ giúp đặc biệt, vui lòng liên lạc với Điều Phối Viên ADA tại số 405-521-4140 hoặc Dịch Vụ Tiếp Âm Oklahoma (Oklahoma Relay Service) tại số 1-800-722-0353. Nếu quý vị có thắc mắc về ADA hoặc Tiêu Đề VI, vui lòng gửi email tới ODOT-ada-titlevi@odot.org.

IN MẪU



TITLE VII COMPLAINT FORM

Title VII prohibits employment discrimination based on race, color, sex, religion, national origin, age, disability, or genetic information. This law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. Title VII complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Date of Filing:

Name:

Address:

City, State, Zip Code:

Date of Birth: E-mail Address:

Work Phone: Home Phone:

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

- Race Color Sex Religion National Origin Age
- Disability Retaliation Genetic Information

Indicate the person(s) who you believe discriminated against you:

Name(s):

Work Location (if known):

Work Phone:

Date of alleged incident:

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 differently than you. Attach additional pages as necessary and any written material pertaining to your case.

What remedy are you requesting? Please be specific:

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:	

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.

Print or typed name of complainant:

Signature

Date

Completed forms must be submitted to the Oklahoma Department of Transportation's Contract Compliance Division.

If you require any assistance in filling out this form please contact the Title VII Coordinator at 405-318-1428.

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, 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. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email ODOT-ada-titlevi@odot.org.

Print Form