



# Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 requires that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." The City further assures that discrimination does not occur on the basis of gender, gender identity, sexual orientation, age, religion, pregnancy, genetic information, military service, disability/handicap, or income status as provided by other pertinent non-discrimination directives.

All complaints must be in writing and signed by the complainant or his/her representative before action can be taken. Complaints shall state, as fully as possible, the facts and circumstances surrounding the alleged discrimination. The City of Edmond will provide a written acknowledgment that we have received the complaint within ten working days.

**The completed form should be sent to:**

**Title VI Coordinator  
Planning Department  
Re: Title VI  
10 S. Littler, Edmond,  
OK 73034**

**405-359-4790**

## Complainant Contact Information

(Person discriminated against)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E - MAIL

## Person Discriminated Against

(If Other Than Complainant)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E - MAIL

*(Continued On Reverse)*

# Incident Details

What was the discrimination based on? (Check all that apply)

- Race/Color
- National Origin
- Pregnancy
- Gender
- Disability
- Income Status
- Gender Identity
- Age
- Genetic Information
- Sexual Orientation
- Religion
- Military Service

What City representative(s) are the person alleging were involved?

Date of incident resulting in discrimination

Time of Incident

Describe how you were discriminated against. Who was responsible and what happened?

For additional space, attach additional sheets of paper.

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Where did the incident take place? Please provide specific details. (i.e. location, bus number, drivers name, etc.) For additional space, attach additional sheets of paper.

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**Witnesses?** Please provide their contact information.

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|------------------|----------------------|----------------------|----------------------|----------------------|-----------|----------------------|----------------------|
| <b>Witness 1</b> | NAME                 | <input type="text"/> |                      |                      | DAY PHONE | <input type="text"/> |                      |
|                  | MAILING ADDRESS      | <input type="text"/> |                      |                      |           | EVENING PHONE        | <input type="text"/> |
|                  | CITY                 | STATE                | ZIP CODE             | E - MAIL             |           |                      |                      |
|                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |           |                      |                      |
| <b>Witness 2</b> | NAME                 | <input type="text"/> |                      |                      | DAY PHONE | <input type="text"/> |                      |
|                  | MAILING ADDRESS      | <input type="text"/> |                      |                      |           | EVENING PHONE        | <input type="text"/> |
|                  | CITY                 | STATE                | ZIP CODE             | E - MAIL             |           |                      |                      |
|                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |           |                      |                      |

Did you file this complaint with another federal, state, or local agency or court?  Yes  No

If answer is yes, check agency complaint was filed with and provide agency contact information:

Federal Agency     Federal Court     State Agency     State Court     Local Agency

Other \_\_\_\_\_ Date Filed: \_\_\_\_\_

|  |                      |                      |                      |                |                      |                      |
|--|----------------------|----------------------|----------------------|----------------|----------------------|----------------------|
| AGENCY NAME                                | <input type="text"/> |                      |                      | CONTACT PERSON | <input type="text"/> |                      |
| AGENCY MAILING ADDRESS                     | <input type="text"/> |                      |                      |                | PHONE                | <input type="text"/> |
| CITY                                       | STATE                | ZIP CODE             | E - MAIL             |                |                      |                      |
| <input type="text"/>                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |                |                      |                      |
| ATTORNEY NAME (If you have representation) | <input type="text"/> |                      |                      | ATTORNEY PHONE | <input type="text"/> |                      |
| ATTORNEY MAILING ADDRESS                   | <input type="text"/> |                      |                      |                | ATTORNEY E - MAIL    | <input type="text"/> |

Sign the complaint in space below. Attach any documents you believe supports your complaint.

**X** \_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date