

TITLE VI COMPLAINT FORM

Allied Arts 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	
Work Phone:	
Home Phone:	
E-mail Address:	

Allied Arts of Oklahoma, inc.

1015 N Broadway, Suite 200

Oklahoma City, Oklahoma

73102 Phone: (405) 278.8944

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"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <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 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:

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 Allied Arts of Oklahoma, Inc.
If you require any assistance in filling out this form please contact the Title VI Coordinator at
405.278.8944**