## Title VI Complaint Form



Title VI of the Civil Rights Act of 1964 requires that "No person in the United States shall, on the ground 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."

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. Citylink Edmond will provide a written acknowledgment that Citylink Edmond has received the complaint within ten working days.

The completed form should be sent to: Citylink Edmond

Re: Title VI 10 South Littler Edmond, OK 73034

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

## **Incident Details**

	What was the discrimination	nation based on? (Chec	k all that apply)	
What Citylink representative (s) are the person alleging were involved?  Describe how you were discriminated against. Who was responsible and what happened? For additional space, attach additional sheets of paper.  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.	☐Race/Color	Low Income	Disability	Limited English Proficiency
Describe how you were discriminated against. Who was responsible and what happened?  For additional space, attach additional sheets of paper.  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.	☐National Origin	□Gender	∐Age	
For additional space, attach additional sheets of paper.	What Citylink representative (s) are the person alleging were involved?		Describe how you were discriminated against. Who was responsible and what happened?	
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## Witnesses? Please provide their contact information. NAME DAY PHONE MAILING ADDRESS **EVENING PHONE** WITness 1 CITY STATE ZIP CODE E - MAIL NAME DAY PHONE MAILING ADDRESS **EVENING PHONE** WITness CITY E - MAIL STATE ZIP CODE Did you file this complaint with another federal, state, or local agency or court? ☐Yes $\square$ No If answer is yes, check agency complaint was filed with and provide agency contact information: □Local Agency ☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court Date Filed: \_\_\_\_ Other \_\_\_ AGENCY NAME **CONTACT PERSON** AGENCY MAILING ADDRESS PHONE CITY STATE ZIP CODE E - MAIL Sign the complaint in space below. Attach any documents you believe supports your complaint. X Complainant's Signature Signature Date