

Attachment 2 – Title VI Complaint Form

TITLE VI COMPLAINT FORM – Central Oklahoma Transit System (COTS)

Central Oklahoma Transit System is committed to ensuring that no person is excluded from participation in or denied the benefits of its service 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 Code: _____
Work Phone: _____
Home Phone: _____
E-mail Address: _____

Complaint can be sent to:
Central Oklahoma Transit System
Attn: COTS Director
PO Box 486
Shawnee, OK 74802-0486
Phone: (405) 273-3000
Fax: (405) 214-4326

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: _____
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 yes, please provide the following information:

Agency: _____

Address: _____

Name of Investigator (if known): _____

Phone Number: _____

E-mail Address: _____

Date Filed: _____

State of case: _____

I confirm that I have read the above charge(s) and it is true to the best of my knowledge.

Print or type name of complainant: _____

Signature

Date

***Completed forms must be submitted to the Central Oklahoma Transit System Director.
If you require any assistance in filling out this form, please contact the COTS Director at (405) 273-3000.***

Central Oklahoma Transit System 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 Central Oklahoma Transit System, its recipients, sub-recipients, and contractors.