

## Oklahoma Center for the Advancement of Science & Technology

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### Title VI Discrimination Complaint Form

Any person alleging discrimination on the basis of race, color, or national origin has a right to file a complaint within 180 days of the alleged discriminatory act. At the complainant's discretion, the complaint can be filed with the [U.S. Department of Treasury, Director, Civil Rights and Equal Employment Opportunity](#) or the Oklahoma Office of the Attorney General. If filed with the Oklahoma Office of the Attorney General, the complaint should be directed to the attention of the [Office of Civil Rights Enforcement](#).

All complaints, written or verbal, should be accepted. In the event a complainant sets forth the allegations verbally and refuses to reduce such allegations to writing, the Human Resources Title VI Coordinator should reduce the elements of the complaint to writing.

<b>COMPLAINANT CONTACT INFORMATION</b>	
<i>Please provide your name and contact information.</i>	
<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip:</b>
<b>County:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	
<b>Date of Birth:</b>	

<b>BASIS OF THE DISCRIMINATORY COMPLAINT</b>		
<i>Please specify the categories which you marked.</i>		
<b>Race:</b>	<b>National Origin:</b>	<b>Color:</b>

<b>WHEN DID THE DISCRIMINATORY ACT(S) OCCUR?</b>
<i>Please provide the dates of the alleged act(s).</i>
<b>Beginning Date of the Alleged Act:</b>
<b>End Date of the Alleged Act:</b>
<b>Is the Alleged Act Ongoing?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**CONTACT INFORMATION**

*Please provide the name and contact information of the **person** that you believe discriminated against you.*

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**County:**

**Phone Number:**

**CONTACT INFORMATION**

*Please provide the name and contact information of the **entity** that you believe discriminated against you.*

**Name of Entity :**

**Address:**

**City:**

**State:**

**Zip:**

**County:**

**Phone Number:**

**TELL US WHAT HAPPENED**

*In your own words, tell us what happened. Provide dates, if applicable, and describe how others were treated differently than you. Use additional paper if needed.*

**TELL US WHAT HAPPENED (CONTINUED)**

**Please sign below to acknowledge that the information entered in the complaint is true and correct.**

Complainant Signature

Date

**WITNESSES**

*Please list any individuals that may have information that supports or clarifies your complaint.  
Include as much contact information as possible. Use additional paper if needed.*

**Witness #1:**

Name:

Address:

City:

State:

Zip:

Phone Number:

**Witness #2:**

Name:

Address:

City:

State:

Zip:

Phone Number:

**Witness #3:**

Name:

Address:

City:

State:

Zip:

Phone Number:

**Witness #4:**

Name:

Address:

City:

State:

Zip:

Phone Number:

**Witness #5:**

Name:

Address:

City:

State:

Zip:

Phone Number:

**Witness #6:**

Name:

Address:

City:

State:

Zip:

Phone Number: