



# TITLE VII COMPLAINT FORM

Title VII prohibits employment discrimination based on race, color, sex, religion, national origin, age, disability, or genetic information. This law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. Title VII complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Date of Filing:

Name:

Address:

City, State, Zip Code:

Date of Birth:  E-mail Address:

Work Phone:  Home Phone:

Indicate on what ground(s) you believe you have been discriminated against (check all that apply):

- Race       Color       Sex       Religion       National Origin       Age
- Disability       Retaliation       Genetic Information

Indicate the person(s) who you believe discriminated against you:

Name(s):

Work Location (if known):

Work Phone:

Date of alleged incident:

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:

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:	

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:	
Name of Investigator (if known):	
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 the Oklahoma Department of Transportation's Civil Rights Division.  
If you require any assistance in filling out this form please contact the Title VII Coordinator at 405-521-3379.

The Oklahoma Department of Transportation (ODOT) 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 ODOT, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email [ODOT-ada-titlevi@odot.org](mailto:ODOT-ada-titlevi@odot.org).