

# Title VI Complaint Form

OKC  
**METRO  
TRANSIT**

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. METRO Transit will provide a written acknowledgment that METRO Transit has received the complaint within ten working days.

The completed form should be sent to: METRO Transit  
Re: Title VI  
300 SW 7th  
Oklahoma City, OK 73109

## 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

*(Continued On Reverse)*



**Witnesses?** Please provide their contact information.

<b>WITNESS 1</b>	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE	E-MAIL			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>WITNESS 2</b>	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE	E-MAIL			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Did you file this complaint with another federal, state, or local agency or court?  Yes  No

If answer is yes, check agency complaint was filed with and provide agency contact information:

Federal Agency     Federal Court     State Agency     State Court     Local Agency

Other \_\_\_\_\_ Date Filed: \_\_\_\_\_

AGENCY NAME	<input type="text"/>			CONTACT PERSON	<input type="text"/>	
AGENCY MAILING ADDRESS	<input type="text"/>				PHONE	<input type="text"/>
CITY	STATE	ZIP CODE	E-MAIL			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Sign the complaint in space below. Attach any documents you believe supports your complaint.

**X** \_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date