

Southwest Oklahoma Community Action Group, Inc.

Title VI Customer Complaint Form

“No person in the United States shall, on the basis 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.”

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

To file a Title VI complaint, please fill out the form completely, and send it to:

Southwest Transit, Complain Resolution Department
P.O. Box 1088
Altus, OK 73522
580-482-5043

Important: We cannot accept your complaint without a signature or without complete details about the issue.

PLEASE PRINT CLEARLY:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ E-mail address: _____

Do you prefer to be contacted by e-mail? ___Yes ___No

If you are filing on behalf of someone else, please give the name and relationship of the person for whom you are complaining: _____

What is your relationship to the person for whom you are filing the complaint?

Did you obtain permission from the person for whom you are filing? Yes ___ No ___

I believe that the discrimination I experienced was based on (check all that apply):

Race Color National Origin (Classes protected by Title VI)

Description of Issue:

Date of alleged discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all the persons that were involved. Include the name and contact information of the person(s) that discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

List any and all witnesses and their phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.* _____

Have you previously filed a Title VI complaint with this agency? Yes No

Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes If yes, check all that apply. No

Federal Agency (List agency's name) _____

Federal Court (Please provide location) _____

State Court

State Agency (List agency's name) _____

County Court (Specify Court and County) _____

Local Agency (List agency's name) _____

If YES to question above, please provide information about a contact persons at the agency/court where the complaint was file.

Name: _____ Title: _____

Agency: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature

Date

May 8, 2017