



## Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states “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.”

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Tulsa Transit , Title VI Officer, P.O. Box 52488, Tulsa, OK 74152. You can reach our office Monday-Friday from 8-5 at 918-582-2100, or you can email our office at [info@tulsatransit.org](mailto:info@tulsatransit.org).

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

5. Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What was the discrimination based on? (Check all that apply)

- Race/Color    National Origin    Low Income    Limited English Proficiency

7. Date of incident resulting in discrimination: \_\_\_\_\_

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of the form.

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9. What Tulsa Transit representatives are the person(s) alleging were involved?

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10. Where did the incident take place? Please provide location, bus number, drivers name, etc.

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**Title VI Complaint Form (continued)**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

**12. Did you file this complaint with another federal, state, or local agency?** (Check the appropriate space)

- Yes  No

If answer is yes, check each agency complaint was filed with:

- Federal Agency  State Agency  Local Agency  Other \_\_\_\_\_

**13. Provide contact person information for the agency you also filed the complaint with:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date