

## Title VI Complaint Form Southern Oklahoma Rural Transit System (SORTS)

This complaint form is provided to anyone wishing to file a Title VI Complaint under three classes protected by Title VI-race, color, and national origin- and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. The Title VI Complaint Form is a vital document. If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold, SORTS shall provide in English *and* in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

<b>Section I</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?		Yes*		No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No	
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin Date of Alleged Discrimination (Month, Day, Year): ) _____  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form;  _____				

**Section IV**

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

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court \_\_\_\_\_

State Agency \_\_\_\_\_

State Court \_\_\_\_\_  Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Section VI**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

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

Please submit this form in person at the address below, or mail this form to:

Big Five Community Services (SORTS)  
Title VI Coordinator Misty Roe  
1502 N 1st Ave  
Durant, OK 74701