TITLE VI COMPLAINT FORM -

The **Big Five Community Services**, **Inc.** is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. The Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Date of Filing:			
Name:	Big Five Community Services, In	iC.	
Address:	1502 N. 1st Ave		
City, State, Zip Code:			
Work Phone:	Durant, OK 74701		
Home Phone:	Phone: 580-924-5331		
E-mail Address:			
Indicate on what ground(s) you believe you have been discriminated against (check all that apply): Race Color National Origin			
Indicate the person	n(s) who you believe discriminated against you:		
Work Location (if kno	own):		
Work Phone:			
Date of alleged incid	lent		
If you have an atto	orney representing you concerning the matters raised in this complaint, please provide the following:		
Name:			
Address:			
Work Phone:			
E-mail Address:			

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 requ	uesting? Please be specific:
Have you filed or do you inten (Federal, State, or local):	d to file a charge or complaint concerning the matters raised in this complaint with any other agencies
	☐ Yes ☐ No
If so, please provide the follow	ving 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 co	emplainant:
3, 5, 50	
Signature	Date
	Completed forms must be submitted to the Big Five Community Services, Inc

Completed forms must be submitted to the **Big Five Community Services, Inc.**If you require any assistance in filling out this form please contact the **Big Five Community Services, Inc.** Title VI

Coordinator at

580-924-5331

The **Big Five Community Services, Inc.** 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 **Big Five Community Services, Inc.**. To request an accommodation please contact the **Big Five Community Services, Inc.** ADA Coordinator at **580-924-5331**.

