TITLE VI COMPLAINT FORM

The Southern Oklahoma Development Association (SODA) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services based on race, color, or national origin, or disability as provided by the Title II or VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

| Date of Filing: | Southern Oklahoma Development |
|-------------------|--|
| Name: | Association (SODA) |
| Address: | P.O. Box 709 Durant, OK 74702 580-920-1388 <u>www.soda-ok.org</u> |
| City, State, Zip: | |
| Work Phone: | |
| Home Phone: | |
| E-mail Address: | |

Indicate on what ground(s) you believe you have been discriminated against (check all that apply):

| □ Race | 🗌 Color | 🗌 National Origin | Religion |
|--------|---------|-------------------|----------|
| Sex | 🗆 Age | 🗆 Disability | |

Indicate the person(s) who you believe discriminated against you:

| Name(s): | |
|---------------------------|--|
| Work Location (if known): | |
| Work Phone: | |
| Date of alleged incident: | |

If you have an attorney representing you concerning the matters arisen 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 requesting? Please be specific:

Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (federal, state, or local):

□Yes □No

If so, please provide the following 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 complainant:

Signature

Date

Completed forms must be submitted to the Southern Oklahoma Development Association (SODA). If you require any assistance in filling out this form, please contact the Title VI Coordinator at 580-920-1388 X105.

PRINT FORM