AMERICANS WITH DISABILITIES ACT (TITLE II) / SECTION 504 COMPLAINT FORM

The Oklahoma Department of Transportation (ODOT) 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 ODOT, its recipients, sub-recipients, and contractors.

Date of Filing: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Alleged Incident: _____

Oklahoma Department of Transportation
Civil Rights Division
200 N.E. 21st Street, Room 1-C1
Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-2136

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

Name(s): _____

Work Location: _____

Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attached additional pages as necessary.

_____
_____
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ODOT Form
T2-504 Revised
08/28/2015

Please provide a suggested detailed plan or remedy for this complaint. Attached additional pages as necessary.

_____
_____
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_____
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_____
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_____
_____
_____

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

☐ Yes ☐ No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attached and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

_____ _____

Signature Date