

A.D.A. and Title VI Complaint Form



Title VI of the Civil Rights Act of 1964 requires that "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."

Title II of the Americans with Disabilities Act of 1990 states, in part, "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by a public entity.

All complaints must be in writing and signed by the complainant or his/her representative before action can be taken. Complaints shall state, as fully as possible, the facts and circumstances surrounding the alleged discrimination. Citylink Edmond will provide a written acknowledgment that Citylink Edmond has received the complaint within ten working days.

The completed form should be sent to:

Yvonne Adams, City Clerk
Reference: A.D.A & Title VI
116 W. Needles Ave.
Bixby, OK 74008

Complainant Contact Information (Person discriminated against)

Name

Day Phone

Mailing Address

Evening Phone

City

State

Zip Code

E - Mail

Person Discriminated Against (If Other Than Complainant)

Name

Day Phone

Mailing Address

Evening Phone

City

State

Zip Code

E -Mail

(Continued On Reverse)

Witnesses? Please provide their contact information.

Witness 1

Name

Day Phone

Mailing Address

Evening Phone

City

State

Zip Code

E - Mail

Witness 2

Name

Day Phone

Mailing Address

Evening Phone

City

State

Zip Code

E - Mail

Did you file this complaint with another federal, state, or local agency or court? Yes No

If answer is yes, check agency complaint was filed with and provide agency contact information:

Federal Agency Federal Court State Agency State Court Local Agency

Date Filed: _____

Other _____

Agency Name

Contact Person

Agency Mailing Address

Phone

City

State

Zip Code

E - Mail

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

X _____

Complainant's Signature

Signature Date