



Central Oklahoma Transportation & Parking Authority

### ADA / 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.”

EMBARCK operates its programs and services in compliance with the American’s with Disabilities Act and Federal Transit Administration guidelines for the provision of services to individuals with disabilities.

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. The Central Oklahoma Transportation & Parking Authority (COTPA) will provide a written acknowledgment of the complaint within ten (10) working days.

The completed form should be sent to: COTPA: ADA / Title VI 2000 S. May Ave. Oklahoma City, OK 73108

#### Complainant Contact Information (Person discriminated against)

|                 |  |          |          |          |        |
|-----------------|--|----------|----------|----------|--------|
| Name            |  | AM Phone |          | PM Phone |        |
| Mailing Address |  |          |          |          |        |
| City            |  | State    | Zip Code |          | E-Mail |

#### Person Discriminated Against (If other than complainant)

|                 |  |          |          |          |        |
|-----------------|--|----------|----------|----------|--------|
| Name            |  | AM Phone |          | PM Phone |        |
| Mailing Address |  |          |          |          |        |
| City            |  | State    | Zip Code |          | E-Mail |

**Incident Details**

**What was the discrimination based on?** (Check all that apply)

- Race                       Color                       Low Income                       Disability
- National Origin                       Gender                       Limited English Proficiency

Date of incident resulting in discrimination \_\_\_\_\_ Time of Incident \_\_\_\_\_

**Where did the incident take place?** Please provide specific details (i.e. location, bus number, driver's name, etc.)

**What COTPA representative(s) are the person alleging were involved?**

**Describe how you were discriminated against. Who was responsible and what happened?**

**Witness 1** Please provide their contact information.

|                        |                 |                 |               |
|------------------------|-----------------|-----------------|---------------|
| <b>Name</b>            | <b>AM Phone</b> | <b>PM Phone</b> |               |
| <b>Mailing Address</b> |                 |                 |               |
| <b>City</b>            | <b>State</b>    | <b>Zip Code</b> | <b>E-Mail</b> |

**Witness 2** Please provide their contact information.

|                        |                 |                 |               |
|------------------------|-----------------|-----------------|---------------|
| <b>Name</b>            | <b>AM Phone</b> | <b>PM Phone</b> |               |
| <b>Mailing Address</b> |                 |                 |               |
| <b>City</b>            | <b>State</b>    | <b>Zip Code</b> | <b>E-Mail</b> |

**Did you file this complaint with another federal, state, or local agency or court?**

Yes                       No

**If yes, check the agency the complaint was filed with and provide agency contact information:**

Federal Agency       Federal Court       State Agency                       State Court

Other \_\_\_\_\_ Date Filed: \_\_\_\_\_

**Agency Contact Information**

|                        |                       |                 |               |
|------------------------|-----------------------|-----------------|---------------|
| <b>Agency Name</b>     | <b>Contact Person</b> | <b>Phone</b>    |               |
| <b>Mailing Address</b> |                       |                 |               |
| <b>City</b>            | <b>State</b>          | <b>Zip Code</b> | <b>E-Mail</b> |

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

Complainant's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_