TITLE VI COMPLAINT FORM –

The **Center of Family Love** 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:	
Address:	
City, State, Zip Code:	
Work Phone:	
Home Phone:	
E-mail Address:	

Center of Family Love

635 W Texas,

Okarche, Oklahoma 73762

Phone: (405) 263-4658

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

☐ Race ☐ Color ☐ National Origin

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 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 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 **Center of Family Love**.
If you require any assistance in filling out this form please contact the **Center of Family Love** Title VI Coordinator, Eric Powell at
405-263-4658 ex 1004.

The **Center of Family Love** 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 **Center of Family Love**. To request an accommodation please contact the **Center of Family Love** ADA Coordinator at **405-263-4658, ex 1004**.