TITLE VI COMPLAINT FORM -

The Town of Beaver 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 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 | | TOWN OF BEAVER | |
|--|-----|------------------------|--|
| Filing: | | 316 DOUGLAS | |
| Name: | | BEAVER, Oklahoma 73932 | |
| Address: | | | |
| City, State, Zip | | Phone: (580)625-3331 | |
| Code: 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 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: | | | |
| 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 | □ N | o | |
| | | | |

| If so, please provide the following information: | | | |
|---|--|--|--|
| Agency: | | | |
| Address: | | | |
| Name of Investigator | | | |
| 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 Town of Beaver.

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If you require any assistance in filling out this form, please contact the Town of Beaver

Title VI Coordinator at 580-625-3331.

The Town of Beaver 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 Town of Beaver. To request accommodation please contact the Town of Beaver ADA Coordinator at580-625-3331.