Title VII prohibits employment discrimination based on race, color, sex, religion, national origin, age, disability, or genetic information. This law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. Title VII complaints must be filed within 180 calendar days from the date of the alleged discrimination.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Filing: | Click or tap here to enter text. |  |  |
| Name: | Click or tap here to enter text. | |  |
| Address: | Click or tap here to enter text. | |  |
| City, State, Zip Code: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. | E-mail Address: | Click or tap here to enter text. |
| Work Phone: | Click or tap here to enter text. | Home Phone: | Click or tap here to enter text. |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Race: |  | Color: |  | Sex: |  |
| Religion: |  | National Origin: |  | Age: |  |
| Disability: |  | Retaliation: |  | Genetic Information: |  |

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

|  |  |
| --- | --- |
| Name(s): | Click or tap here to enter text. |
| Work Location (if known): | Click or tap here to enter text. |
| Work Phone: | Click or tap here to enter text. |
| Date of alleged incident: | Click or tap here to enter text. |

|  |
| --- |
| 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. |
| Click or tap here to enter text. |
| What remedy are you requesting? Please be specific: |
| Click or tap here to enter text. |

If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Work Phone: | Click or tap here to enter text. |
| E-mail Address: | Click or tap here to enter text. |

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: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Name of Investigator (if known): | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail Address: | Click or tap here to enter text. |
| Date Filed: | Click or tap here to enter text. |
| Status of Case: | Click or tap here to enter text. |

By typing my name below I confirm that I have read the above charge(s) and it is true to the best of my knowledge.

|  |  |
| --- | --- |
| Typed name of complainant: | Click or tap here to enter text. |

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. To request an accommodation please contact the ADA Coordinator at 405-521-4140 or the Oklahoma Relay Service at 1-800-722-0353. If you have any ADA or Title VI questions email [ODOT-ada-titlevi@odot.org](mailto:ODOT-ada-titlevi@odot.org).