

Office of Civil Rights
TITLE VI Complaint Form



Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact ODOT OCR at (503) 986-3169 or Sherman County Transportation at (541) 565-3553.

Complete this form and return to:

Oregon Department of Transportation
Office of Civil Rights, Title VI Officer
355 Capitol St. NE
Salem, OR 97301

Or

Sherman County Transportation
Sherman County Title VI Officer
500 Court Street, P.O. Box 365
Moro, Oregon 97039

Complainant's Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Telephone (Home): _____ (Work): _____

Person(s) discriminated against (if other than complainant)
Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Telephone (Home): _____ (Work): _____

What is the discrimination based on? Mark all that may apply
 Race/Color National Origin Sex Disability
 Low Income Limited English Proficiency

Date of the alleged discrimination: _____ Location: _____

Agency or person that who was responsible for alleged discrimination:

Describe the alleged Discrimination. Explain what happened and whom you believe was responsible (for additional space, attach additional sheets of paper to this form.

List names and contact information of persons who may have knowledge of the alleged discrimination.

How can this complaint be resolved? How can the problem be corrected?

Please sign and date. The complaint will not be accepted if it is has not been signed. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Signature

Date