TITLE VI COMPLAINT FORM

The South Western Oklahoma Development Authority (SWODA) 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:		South Western Oklahoma
Name:		Development Authority (SWODA)
Address:		420 Sooner Rd.
City, State, Zip Code:		Burns Flat, OK 73624
Work Phone:		580-562-4882
Home Phone:		www.swoda.org
E-mail Address:		
Indicate on what ground(s) Race	you believe you have been disc Color National Or	riminated against (check all that apply): rigin Religion
Sex	Age Disability	
	you believe discriminated again	st you:
Name(s):		
Work Location (if known)):	
Work Phone:		
Date of alleged incident:		
If you have an attorney repr	resenting you concerning the ma	atters arisen in this complaint, please provide the following:
Name:		The state of the s
Address:		
Work Phone:		
E-mail Address:		
		ere are witnesses, please provide names, addresses and telephone numbers. tly than you. Attach additional pages as necessary and any written material
What remedy are you reque	esting? Places he specifie:	
what remedy are you reque	sung: ricase de specific.	

Have you filed or do you intend to file a charge (federal, state, or local):	or complaint concerning the matters raised in this complaint with any other agencies
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:	
Print or typed name of complain	nant:
	Date tted to the South Western Oklahoma Development Authority (SWODA). ing out this form please contact the Title VI Coordinator at 580-562-4882.
	Print Form