



Title VI Complaint Form

OATS 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. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (573)443-4516. The completed form must be returned to OATS, Inc., Title VI Coordinator, 2501 Maguire Blvd, Suite 101, Columbia, MO 65201

Name: _____

Street Address, City, State and Zip: _____

Phone Number & Email Address: _____

Alternate Phone Number: _____

Name of person(s) discriminated against *(if someone other than complainant)*:

Street Address, City, State and Zip: _____

Phone Number & Email Address: _____

Alternate Phone Number: _____

Please check the reason(s) for which you believe you were discriminated:

- ☐ Race
- ☐ Color
- ☐ National Origin (Limited English Proficiency)



Please describe the alleged discrimination incident. Provide the name and title of all individuals involved if available. Explain what happened and who you believe was responsible. You may attach any written materials or other information that you believe is relevant to your complaint.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Have you filed a complaint with any other federal, state or local agency/ agencies/ court(s)?

☐ Yes

☐ No

If so, please list the agencies in which you filed a complaint and provide their contact information:

Agency: _____

Contact Person: _____

Street Address, City, State and Zip: _____

Phone Number & Email Address: _____

Agency: _____

Contact Person: _____

Street Address, City, State and Zip: _____

Phone Number & Email Address: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____

Print Name of Complainant: _____ Date: _____

Persons who are deaf or hard of hearing may contact OATS through Relay Missouri Services at (800)735-2966 or 711 (Toll Free – TTY).