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)
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Date of Incident: ____________________________________________________________

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.

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Please list any witness(es) to the alleged discrimination:

Name: _______________________________________________________________________

Street Address, City, State and Zip: ________________________________________________

Phone Number & Email Address: _________________________________________________

Name: _______________________________________________________________________

Street Address, City, State and Zip: ________________________________________________

Phone Number & Email Address: _________________________________________________

What corrective action would you like to see taken?
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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).