TITLE VI COMPLAINT FORM -

The 4RKids Foundation 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:		
Name:		4RKids
Address:		710 Overland Trail
City, State, Zip Code:		
Work Phone:		Enid, OK 73703
Home Phone:		Phone: (580) 237-7890
E-mail Address:		
Indicate on what g	round(s) you believe you have been discriminated against (check all	that apply):
□ B	Colon Distinct Origin	
Race	Color National Origin	
Indicate the nerson	n(s) who you believe discriminated against you:	
	no, who you believe distriminated against you.	
Name(s):		
Work Location (if kno	wn):	
Work Phone:		
Date of alleged incide	ent	
If you have an atto	rney representing you concerning the matters raised in this complain	nt, please provide the following:
If you have an atto	rney representing you concerning the matters raised in this complain	nt, please provide the following:
	rney representing you concerning the matters raised in this complain	nt, please provide the following:
Name:	rney representing you concerning the matters raised in this complain	nt, please provide the following:

necessary and ar	 Be sure to include help written material per 	rtaining to your cas	se.	

What remedy are you requ	esting? Please be specific:
Have you filed or do you intend (Federal, State, or local):	I to file a charge or complaint concerning the matters raised in this complaint with any other agencies
	Yes No
If so, please provide the follow	ing information:
Agency:	
Address:	
Name of Investigator (if known):	
Phone Number:	
E-mail Address:	
Date Filed:	
Status of case:	
I confirm that I have read	the above charge(s) and it is true to the best of my knowledge.
Print or typed name of co	mplainant:
Signature	Date
•	

Completed forms must be submitted to the **4RKids**. If you require any assistance in filling out this form please contact the 4RKids Title VI Coordinator at **580-237-7890**

The **4RKids** 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 4RKids. To request an accommodation please contact the 4RKids ADA Coordinator at 580-237-7890.