



The City of Chickasha, Oklahoma Grievance Form for Title VI of the Civil Rights Act of 1964

Please print, fill out completely, and return to the address listed.

TO: Robinson Camp, ADA Coordinator
City of Chickasha, Oklahoma

DATE:

FROM:

(Printed Name)

(Printed Street Address)

(Printed City, State, and Zip Code)

(Day)_____ (Evening)_____ (Fax)_____

SUBJECT: Grievance under Title VI of the Civil Rights Act of 1964

Was the discrimination base on (check all that apply)

Race/Color

Disability

Low
Income

National Origin

Gender

Age

Religion

1. Date of Occurrence: (On or about what date did the subject of the grievance occur?)

2. Location: (Where did the act or event causing this grievance occur?)

3. Statement of Grievance: (Describe the act(s) and attach any supporting documentation pertinent to this claim)

4. Name(s) for the City Department(s) involved in this grievance claim.

5. State the nature of your disability and the reasonable accommodation you believe should be provided to you to resolve this grievance. Name(s) for the City Department(s) involved in this grievance claim.

6. Has the complaint been filed with the City of Chickasha ADA Coordinator or the Federal Department of Justice, or any other State or Federal agency or court?

Yes No

If yes, what is the status of the grievance?

If yes:

Agency or Court: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

7. Do you intend to file with another agency or court?

Yes

No

If yes: Agency or Court: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

I hereby certify that the above is a true and correct statement of my grievance under Title VI of the Civil Rights Act of 1964

(Grievant Signature)

(Date)

If a person other than above Grievant completed this form, give the name, address, phone number, and relationship of the person completing this form:

Return this form to: Robinson Camp
City of Chickasha ADA Coordinator
Public Works Department
117 N. 4th St.
Chickasha, OK 73018

(Please allow 15 days for a response to this grievance)

For City use only

Date received by City ADA Coordinator _____