

Complaint Form

AGING SERVICES, INC. ADA Complementary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with AGING SERVICES, INC. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about AGING SERVICES, INC. Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Tammy C. Vaughn, Executive Director, (405) 321-3200, or email

tvaughn@agingservicesok.org.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age				
<input type="checkbox"/> Disability <input type="checkbox"/> Accessibility Issue <input type="checkbox"/> Other (specify) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Time of Day: _____				
Location: _____				
<i>(Continued on next page)</i>				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against				

you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.

Witness(es): ☐ YES ☐ NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: ()

(2) Name:

Phone Number: ()

(3) Name:

Phone Number: ()

(4) Name:

Phone Number: ()

(Continued on next page)

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court _____ ☐ State Agency _____

☐ State Court _____ ☐ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:

Tammy C. Vaughn, Title VI Coordinator

AGING SERVICES, INC.
2227 W. Lindsey Street
Suite 1213
Norman, OK 73069

INTERNAL USE ONLY

To be completed by ADA Compliance Officer

Accepted for formal Investigation ____/____/____

Referred to another department on ____/____/____

Rejected ____/____/____

Reason for Rejection:

Tammy C. Vaughn, ADA Compliance Officer

Date