



## City of Tulsa American Rescue Plan Act (ARPA) Complaint Form

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall, on the ground of race, color, national origin, or limited English proficiency, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. If you have a complaint based on discrimination in regards to ARPA funding provided by the City of Tulsa, please use this complaint form.

### Personal Information:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

### Location of Discrimination:

Name of Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Discriminatory Act \_\_\_\_\_

### Why do you believe you were discriminated against?

Race: \_\_\_\_\_

Color: \_\_\_\_\_

National Origin: \_\_\_\_\_

Limited English Proficiency

### Describe the action taken against you in 300 words or less:

### Please provide the name(s) of any witnesses who have a firsthand account of what happened?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_



**You may provide additional information that is relevant to your complaint.**

**I declare under penalty of perjury that the foregoing information contained in this complaint is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Printed)**

**Please mail or drop off form to:**

**City of Tulsa - City Clerk's Office 175 E. 2<sup>nd</sup> St., Suite 260, Tulsa, OK 74103-3223**