AMERICANS WITH DISABILITIES ACT - TITLE II / SECTION 504 COMPLAINT FORM

The CHISHOLM TRAIL METROPOLITAN PLANNING ORGANIZATION 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 otherwise be subjected to discrimination under any and all programs, services, or activities administered by CHISHOLM TRAIL METROPOLITAN PLANNING ORGANIZATION, its recipients, sub-recipients, and contractors. To request an accommodation please contact the ADA Coordinator Angela Rasmuson at 580-616-7242. If you have any ADA questions email the ADA Coordinator at arasmuson@coe.local.

Date of Filing:		
Name: _		
Address: _		_
City, State, Zip Code: _	CHI	SHOLM TRAIL
Work Phone:		ROPOLITAN PLANNIN
Home Phone:		RGANIZATIOI
Email Address:		
Date of Alleged Incident: _		
Name(s):	n(s) who you believe discriminated against you:	
Work Phone:		
•	d description of the alleged incidence of discrimination. Attach additionation and the information of the in	

3. Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.		
Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?		
☐ Yes ☐ No		
If so, please provide the following information:		
Agency Name:		
Address:		
Name of Investigator:		
Phone Number:		
Email Address:		
Date Filed:		
Status of Complaint:		

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to the CHISHOLM TRAIL METROPOLITAN PLANNING ORGANIZATION. If you require any assistance in filling out this form, please contact the please contact the ADA Coordinator at 580-616-7242.		
Signature	Date	

CHISHOLM TRAIL METROPOLITAN PLANNING ORGANIZATION
ADA Coordinator, Angela Rasmuson
Enid, OK 73701
arasmuson@COE.local 580.616.7242