



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Discrimination Complaint - Client or Vendor

Please print



Name	Case or vendor number	Social Security number	
Mailing street address	City	State	Zip
Finding street address	City	State	Zip
Phone	Message phone		

My complaint is against:

Name of person, organization, or agency	Date incident occurred		
County name	County number		
Street address	City	State	Zip

Charge of discrimination on which I base this complaint: (Check one.)

Age Color Race Religion Sex
 National origin Disability Political opinion or affiliation

Check program involved:

TANF Medical Food Stamps Other _____

Explain what happened: Use back if needed.

Client or vendor signature		Date	
Name and title of person receiving complaint			Date
Street address	City	State	Zip

Return original to:
 OKDHS
 Office for Civil Rights
 P.O. Box 25352
 Oklahoma City, OK 73125-9975

OR

USDA Director, Office of Civil Rights
 Room 226 - Whitten Building
 14th and Independence Avenue, SW
 Washington D.C. 20250-9410
 202-720-5964 (Voice and TDD)