



**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  
 14<sup>th</sup> and Independence Avenue, SW  
 Washington D.C. 20250-9410  
 202-720-5964 (Voice and TDD)