

14CR001E-001



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Discrimination Complaint - Client or Vendor

Please print



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

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

OR

USDA Director, Office of Civil Rights
Room 226 - Whitten Building
14th and Independence Avenue, SW
Washington D.C. 20250-9410

Oklahoma City, OK 73125-9975

202-720-5964 (Voice and TDD)