

OBXtek Inc.
TITLE VI Program Complaint Form

OBXtek is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, sex, age, national origin, income status, limited English proficiency (LEP), or disability, as provided by Title VI of the Civil Rights Act of 1964 and related Nondiscrimination authorities. Title VI Program complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Ms. Sharon Harrington, Senior Vice President of Human Resources at 571-395-4436 or email sharrington@obxtek.com.

The completed form must be returned to OBXtek Inc., Ms. Sharon Harrington, Senior Vice President of Human Resources, 2000 Corporate Ridge Rd., Suite 400 McLean, VA 22102 telephone 571-395-4436, email sharrington@obxtek.com.

1. Complainant's name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code _____

4. Telephone Number(home): _____ (business): _____

5. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes why the alleged discrimination took place?

_____ Race _____ Color _____ National Origin (___ Check here if limited English proficiency-only)

_____ income status _____ disability _____ Sex _____ Age

7. What date did the alleged discrimination take place?

8. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

9. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes ___ No ___ If yes, please provide information about a contact person at the agency/court where the complaint was filed.

10. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date