

ARDOT FTA TITLE VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title 42 U.S.C. Sections 2000d

Executive Order 13166 ensures individuals whose first language is not English and has a limited capacity to read, write or understand English have meaningful access to programs, information and services by any entity receiving Federal funding. Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact ARDOT Civil Rights Division at (501) 569-2297.

Complete this form and return to:
Arkansas Department of Transportation
Civil Rights Division
Attn: Joanna P. McFadden, Civil Rights Officer
10324 Interstate 30
Little Rock, AR 72209

Complainant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

Person(s) discriminated against (if other than complainant)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

What is the discrimination based on?

- ☐ Race/Color
- ☐ National Origin
- ☐ Disability
- ☐ Other

I believe that a public transit provider has failed to comply with the following program requirements:

- ☐ Disadvantage Business Enterprise
- ☐ External Equal Employment Opportunity
- ☐ Not Applicable
- ☐ Other

Date of the alleged discrimination: _____

Location: _____

Agency or person that was responsible for the alleged discrimination:

Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

- ☐ Transit Provider
- ☐ Arkansas Department of Transportation
- ☐ FTA
- ☐ Department of Justice
- ☐ Other

What remedy are you seeking?

List names and contact information of persons who may have knowledge of the alleged discrimination.

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature

Date