

Title VI and Related Programs Discrimination 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."

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.

Language assistance may be available upon request. Please contact Kristen Christy, Title VI Coordinator, at 479-783-4500 TDD/TDY: 866-235-7995.

Complete this form and return it to:

**Area Agency on Aging of Western
Arkansas, Inc. d/b/a Western Transit
System**

Attn: Kristen Christy, Title VI Coordinator
P.O. Box 1724, Fort Smith, Arkansas 72901

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 complaint based on?

Federal Highway Administration (FHWA):

Race

Color

National Origin

Other (specify)

Federal Transit Administration (FTA):

Race

Color

National Origin

Other (specify)

Federal Motor Carrier Safety Administration (FMCSA):

Race

Color

National Origin

Other (specify)

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?

Arkansas Department of Transportation

FHWA

FTA

Department of

Justice Transit

Provider

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