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 **Charlotte Rue**, **Human Resources Director for the City of Bryant**, **501-943-0999**.

Complete this form and return it to:

City of Bryant
Attn: Charlotte Rue
210 SW 3rd
Bryant, AR 72022

Complainant's Name:		
	City:	
State:	Zip Code:	
Telephone (Home):	Telephone (Work):	
Person(s) discriminated agains	st (if other than complainant)	
Name:		
Address:	City:	
State:Zip Code:		
Telephone (Home):	Telephone (Work):	
What is the discrimination com	plaint based on?	
		110000

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
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☐ FTA		
☐ Department of		
Justice 🔲 Transit		
Provider		
What remedy are you seeking?		
List names and contact information of pers alleged discrimination.	ons who may have knowledge of the	
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	