

# ARDOT 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."

## *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

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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

**Federal Transit Administration (FTA):**

- Race
- Color
- National Origin

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
- Other

What remedy are you seeking?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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**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.**

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Signature

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Date