Arkansas Department of Transportation

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

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 EEO/DBE Section at (501) 569-2235.

Complete this form and return to:
Arkansas Department of Transportation
EEO/DBE Section
Attn: Joanna P. McFadden, Section Head
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

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? ________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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