

## CITY OF LITTLE ROCK TITLE VI CIVIL RIGHTS COMPLAINT FORM

Discrimination on the basis of race, color, and national origin is prohibited by *Title VI of the Civil Rights Act*. This includes discrimination based on a person's limited English proficiency; and actual or perceived shared ancestry or ethnic characteristics, including membership in a religion that may be perceived to exhibit such characteristics (such as Hindu, Jewish, and Muslim individuals).

This form should be used to file a complaint with the City of Little Rock for nondiscrimination violations. It should be filled out completely and returned to the City of Little Rock Title VI Coordinator. If you need assistance completing this form, contact the City's Title VI Coordinator at [ccurry@littlerock.gov](mailto:ccurry@littlerock.gov) or 501-371-4583.

Complainant Name *(first, middle, last)*

Address *(number and street, city, state, ZIP code)*

Home telephone number  
( ) -

Work telephone number  
( ) -

Cellular telephone number  
( ) -

### PERSON/DEPARTMENT YOU BELIEVE DISCRIMINATED AGAINST YOU

Name *(first, middle, last)*

Title

Name of department

Address *(number and street, city, state, ZIP code)*

Work telephone number, if known  
( ) -

Cell telephone number, if known  
( ) -

**When was the last alleged discriminatory act? (Month, day, year). If more than 180 days, then explain the delay in filing the complaint.**

Explain, as clearly as possible, why you believe you were discriminated against and what happened. Provide any information that would be helpful in an investigation.

The alleged discrimination was based on:

Race

Color

Limited English  
Proficiency

National Origin

Form continues on next page.

<b>Provide the names of any individuals with additional information regarding your complaint:</b>		
Name of witness 1 ( <i>first, middle, last</i> )		Title
Name of company or the City Department		
Address ( <i>number and street, city, state, ZIP code</i> )		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date (required)

**Return both pages of this form to:**  
**Caran Curry, Title VI Implementation Coordinator**  
**By mail: 500 West Markham Street, Suite B10**  
**Little Rock, AR 72201**  
**Or by email: [ccurry@littlerock.gov](mailto:ccurry@littlerock.gov)**  
**Or by fax: 501-371-6823**

