## 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 <a href="mailto:ccurry@littlerock.gov">ccurry@littlerock.gov</a> or 501-371-4583.

Complainant Name (first, middle, last)					
Address (number and street, city,	state, ZIP code)				
Home telephone number	Work telephone nun	nber	Cellular telep	hone 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 ( ) - ( )			phone 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 I	English	☐ National Origin	
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Form continues on next page.

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Provide the names of any individuals with additional information regarding your complaint:					
Name of witness 1 (first, middle, last)		Title			
Name of company or the City Department					
Address (number and street, city, state, ZIP code)					
Home telephone number	Work telephone number	Cellular telephone number			
-	-	-			
of discrimination:	relevant information the withess	s may provide to support your complain			
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: <a href="mailto:ccurry@littlerock.gov">ccurry@littlerock.gov</a>
Or by fax: 501-371-6823

## City of Little Rock Nondiscrimination Complaint Consent / Release

Name (first, middle, last)	Telephone number			
	( ) -			
Address and email:				
As a complainant, I understand that during an investigation it may become necessary for the City of Little Rock to reveal my identity to individuals outside of the City of Little Rock Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for the City of Little Rock to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by the City of Little Rock. I also understand that the Arkansas Freedom of Information Act is very				
liberal and may require disclosure.				
Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)				
CONSENT				
I have read and understand the above information and authorize the City of Little Rock to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize the City of Little Rock to receive, review, and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.				
CONSENT DENIED				
I have read and understand the above information and do not want the City of Little Rock to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without The City of Little Rock making a determination in my case.				
Signature	Date (month, day, year)			

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