The City of Little Rock policy ensures nondiscrimination compliance, on the grounds of race, color, national origin, age, sex, religion (not applicable as a protected group under the FMCSA Title VI Program), disability, limited English proficiency (LEP), or low-income status as provided by Title VI of the Civil Rights act of 1964 and related Nondiscrimination authorities.

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 the Public Works Department at (501) 371-4475.

Complete this form and return to:
The City of Little Rock
Attn: Jon Honeywell (Title VI /ADA/504Coordinator), 701 W Markham, Little Rock, AR 72201, 501-371-4475, (Voice/TTY 711), or the following email address- TitleVIcomplaint@littlerock.gov

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

☐ Disability  ☐ Income  ☐ Limited English Proficiency (LEP)  ☐ Sex  ☐ Age

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.
______________________________________________________________________________
______________________________________________________________________________

Complainant should 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