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 II of the Americans with Disability Act (ADA) provides that, "No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."

Title 42 U.S.C. Sections 2000d & 12131

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 NATS ADA/504/Title VI Coordinator at (870) 741-6650.

Complete this form and return to:
North Arkansas Transportation Service
ADA/504/Title VI Coordinator
Attn: Jo Anna Cartwright, Director of Transportation
P.O. Box 190
Harrison, AR 72602-0190

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 ☐ Disability
☐ National Origin ☐ Religion
☐ Sex ☐ Other: __________________________

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