

# Central Arkansas Development Council

## TITLE VI/ADA 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 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 CADC Human Resource Manager at (501) 315-1121.

### Complete this form and return to:

Central Arkansas Development Council

Attn: Human Resource Manager

P. O. Box 580

Benton, AR 72018

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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?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Race/Color      | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion     |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> 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