Eureka Springs Transit System ADA/TITLE VI 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 42 U.S.C. Section 2000d

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 Office of the Director of Transit, Kenneth Smith. (479) 319-2812

Complete this form and return to:

Eureka Springs Transit System Kenneth Smith – Transit Director 137 W Van Buren Eureka Springs, AR 72632

Complainant's Name:		
Address:	City:	State
	Zip Code:	Telephone
(Home):	Telephone (Work):	Person(s)
discriminated against (if other than co	emplainant)	
Name:		
Address:	City:	
State:	Zip Code:	
Telephone (Home):	Telephone (Work):	What
is the discrimination based on?		
☐ Race/Color ☐ Disal	bility	
☐ National Origin ☐ Relig	gion	
☐ Sex ☐ Othe	r:	
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 agend	cy? If so, whom?
What remedy are you seeking?	
List names and contact information of persons who may have knowledge	e of the alleged discrimination.
Describe the alleged discrimination. Explain what happened and whom y	ou believe as responsible.
Please sign and date. The complaint will not be accepted if it has a attach any written materials or other supporting information you complaint.	
Signature	Date