

Title VI Complaint



METROPLAN
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Complete all of the following. You may attach additional materials you think are relevant to your complaint.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-mail Address:				
Accessible Format Requirements?	Large Print	Audio Tape		
	TDD	Other		
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Use an additional sheet of paper if necessary.</p>				
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Section IV:

Have you previously filed a Title VI complaint with the agency?	Yes	No
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Section V:

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____ E-mail Address: _____

Section VI:

Name of Agency complaint is against: Metroplan

Contact Person: Susan Sierra Dollar

Title: Title VI Coordinator

Telephone number: 501-372-3300

Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Metroplan Title VI Coordinator
501 West Markham St., Suite B
Little Rock, AR 72201