Ozark Regional Transit
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 Ozark Regional Transit at 479-756-5901.

Complete this form and return to:
Ozark Regional Transit
Attn: Jason Lance, Operations Manager
2423 E Robinson Ave
Springdale, AR 72764

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

Title VI/ADA Complaint form updated 05/18/16