

NOTICE OF NONDISCRIMINATION

The Arkansas Transit Association complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Arkansas Transit Association does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, Limited English Proficiency (LEP), or low-income status in the admission, access to and treatment in the Arkansas Transit Association 's programs and activities, as well as the Arkansas Transit Association 's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Arkansas Transit Association 's nondiscrimination policies may be directed to Ann H. Gilbert (Title VI ADA/504 Coordinator), 620 W. Broadway St., North Little Rock, AR 72114, 501-372-8900, (Voice/TTY 711), or the following email address: info@arktransit.org or Ann H. Gilbert (Title VI ADA/504 Coordinator), agilbert@arktransit.org.

Free language assistance for Limited English Proficient individuals is available upon request.

This notice is available from the Title VI ADA/504 Coordinator in large print, on audiotape and in Braille.

TITLE VI COMPLAINT PROCEDURES

GENERAL

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs receiving federal financial assistance.
The Arkansas Transit Association has adopted a complaint procedure providing for prompt and equitable solution of complaints alleging any action prohibited by the U.S. Department of Justice regulations including but not limited to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Civil Rights Restoration Act of 1987, Americans with Disabilities Act of 1990, Executive Order 12898 and Executive Order 13166.
Any person believing, he or she has been excluded from, denied participation in, denied the benefits of, or otherwise has been subjected to discrimination under any Arkansas Transit Association service, program or activity (whether federally funded or not) due to that person's race, color, national origin, religion, sex, age, disability, LEP, or economic status has the right to file a complaint. Arkansas Transit Association "s Personnel Policy governs employment-related complaints of discrimination.">Arkansas
The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.
The complaint should be submitted by the complainant and/or his/her designee as soon as possible, but no later than 180 calendar days after the alleged violation to:
Ann H. Gilbert , (Title VI ADA/504 Coordinator) 620 West Broadway St. North Little Rock , Arkansas Email: agilbert@arktransit.org Telephone: 501-372-8900 (voice/TTY 711)
Within 15 calendar days after receipt of the complaint, the Title VI ADA/504 Coordinator or designee will contact the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, the Title VI ADA/504 Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille or audio tape. The response will explain the position of the Arkansas Transit Association and offer options for substantive
resolution of the complaint.
If the response by the Title VI ADA/504 Coordinator or decigned does not satisfactorily resolve the issue

If the response by the Title VI ADA/504 Coordinator or designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the response to the Federal Transit Administration (FTA).

Arkansas Transit Association	will retain a log of all Title \
complaints received by the Title VI ADA/504 Coordinator for at le	east five (5) years. The log shall include the
date the complaint was filed, a summary of the allegations, the	status of the complaint, and actions taker
n response of the complaint.	·
Alternate formats of this policy (large print, Braille, audiotape) are	e available upon request. Please contact
Arkansas Transit Association	at 501-372-8900
oice/TTY 711).	

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 <u>Arkansas Transit Association</u> at <u>501-372-8900</u>			
Complete this form and return to:			
Arkansas Transit Association Attn: Ann Gilbert , Title VI ADA/504 Coordinator			
620 W. Broadway St.			
North Little Rock	 _		
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? (Check all applicable)			
□ Race/Color □ Disability □ Economic □ National Origin □ Religion □ Sex □ Age □ LEP □ Other:	Status		

Date of the alleged discrimination:	Location:
Agency or person that was responsible for the allege	ed 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 ha	appened and who you believe is responsible.
Please sign and date. The complaint will not be a any written materials or other supporting inform	accepted if it has not been signed. You may attach ation you think is relevant to your complaint.
Signature	 Date