Northwest Arkansas Regional Planning Commission
Complaint Procedures for the General Public

NWARPC has established a process for investigating and resolving complaints alleging disability discrimination related to MPO services, programs and its office. Regulations implementing provisions of Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 can be found at 49 CFR Parts 27 and 37, and 28 CFR Part 35.

NWARPC’s ADA/504/Title VI Coordinator is responsible for overseeing investigations and responses to complaints of discrimination based on disability.

- Required complaint information includes:
  - Complainant’s name, mailing address and daytime phone number.
  - Specific information relating to the incident in question: date, time, location, how the person was discriminated based upon disability, and any other applicable details.

Complaints with incomplete information may result in delayed investigations and responses. NWARPC will not respond to complaints without the complainant’s name and mailing address.

- Complaints may be submitted to NWARPC as follows:
  - By telephone to NWARPC, 479-751-7125. The ADA/504 Coordinator will speak to the complainant and obtain detailed information relating to the complaint. Information obtained from the telephone interview will be recorded in writing and read to the complainant.
  - In writing to the NWARPC ADA/504 Coordinator, Celia Scott-Silkwood, 1311 Clayton, Springdale, AR 72762. Complaints may also be faxed to 479-751-7150 or emailed to cscott-silkwood@nwarpc.org.
  - In person at NWARPC, 1311 Clayton, Springdale, AR 72762. Normal office hours are from 8:00 am until 5:00 pm, Monday through Friday. It is advisable to call the ADA/504/Title VI Coordinator in advance to schedule an appointment.

Within three business days upon receipt of a complaint, a letter will be mailed to the complainant with the following information:

- Acknowledgment that the complaint has been received and is pending investigation.
- Estimated date by which a response will be sent to the complainant.

The ADA/504/Title VI Coordinator will investigate the complaint and respond in writing within a reasonable time, not to exceed 30 days from the receipt of the complaint. The response will provide information concerning the resolution of the complaint.

A record of all ADA/504/Title VI complaints will be maintained by NWARPC for a minimum of five years. Each record will include the name and address of the complainant, nature of the complaint, problems identified, resolution of the complaint and any resulting modification made to a NWARPC program, service or its office facility.

NORTHWEST ARKANSAS REGIONAL PLANNING COMMISSION NOTICE OF NONDISCRIMINATION

The Northwest Arkansas Regional Planning Commission (NWARPC) complies with all civil rights provisions of federal statues and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the NWARPC does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in NWARPC’s programs and activities, as well as the NWARPC’s hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the NWARPC’s nondiscrimination policies may be directed to Celia Scott-Silkwood, AICP, Regional Planner – EEO/DBE (ADA/504/Title VI Coordinator), 1311 Clayton, Springdale, AR 72762, (Voice/TTY 7-1-1 or 1-800-285-1131), or the following email address: cscott-silkwood@nwarpc.org. This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.
Northwest Arkansas Regional Planning Commission
General/ADA/504/Title VI Complaint Form

Section I.
Name: ____________________________________________
Address: _________________________________________
Telephone Numbers: (Home/Cell)____________________(Work)____________________
Email 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.
Have you previously filed a complaint with NWARPC?  Yes____ No___
If yes, what was your Complaint Number? _____________
[Note: This information is needed for administrative purposes; we will assign the same complaint
number to the new complaint.]
Have you filed this complaint with any of the following agencies?
Transit Provider _____ Department of Transportation _____ Federal Transit Administration _____
Department of Justice_____ Equal Employment Opportunity Commission _____
Other ____________________________________________________
Have you filed a lawsuit regarding this complaint? Yes____ No____
If yes, please provide a copy of the complaint form.
[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV.
Name of Agency complaint is against:

__________________________________________________________

Contact person: __________________________ Title: ____________________________

Physical Address: __________________________________________________________________

Telephone number: __________________________

On separate sheets if necessary, please describe your complaint. You should include specific details such as names, dates, times, witnesses, location and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Section V.
May we release a copy of your complaint to the Agency the complaint is against? Yes ____ No ____

May we release your identity to the Agency? Yes ____ No ____

Please sign here: ______________________________________________________________________

Date: ______________________
[Note – We cannot accept your complaint without a signature.]

[Administrative – Original Complaint Number ________]

Please mail your completed form to: ADA/504/Title VI Program Coordinator, NWARPC, 1311 Clayton Street, Springdale, AR 72762