

Northwest Arkansas Regional Planning Commission Complaint Procedures (ADA/504/Title VI)

"No Person shall, on the grounds of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance." – Civil Rights Act of 1964

Your Civil Rights

Title VI, 42 U.S.C. §2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. It is the full intent of the NWARPC MPO to operate its programs without regards to race, color, and national origin. Guidance for the NWARPC Title VI program can be found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012. Two Executive Orders define populations that are protected under Title VI:

- Executive Order 12898 is concerned with environmental justice for minority and low-income populations.
- Executive Order 13166 is concerned with providing equal access to services and benefits for individuals with limited English proficiency.

NWARPC has established a process for investigating and resolving complaints of discrimination related to MPO services, programs, and its office. NWARPC's ADA/504/Title VI Coordinator is responsible for overseeing investigations and responses to complaints of discrimination. An ADA/504/Title VI discrimination complaint may be filed within 180 days from the date of the alleged discrimination.

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. 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 may be submitted to NWARPC as follows:

- **In writing** to the NWARPC ADA/504/Title VI Coordinator, 1311 Clayton, Springdale, AR 72762. Complaints may also be emailed to ngibbs@nwarpc.org.
- **In person or mail** to 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.
- **By telephone** to NWARPC, 479-751-7125. The ADA/504/Title VI 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.

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 NWARPC 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 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 Nicole Gibbs, AICP, Regional Planner – EEO/DBE (ADA/504/Title VI Coordinator), 1311 Clayton, Springdale, AR 72762, (479) 751-7125, (Voice/TTY 711 or 1-800-285-1131) or ngibbs@nwarpc.org; para llamadas en español, marque el 866-656-1842; para llamadas en inglés, marque el 711 o directamente al 800-285-1131 o ngibbs@nwarpc.org. This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille. If information is needed in another language, contact Nicole Gibbs. Si se necesita información en otro idioma, comuníquese con Nicole Gibbs.

NWARPC Complaint Form (ADA/504/Title VI)

Complete all the following. You may attach additional materials you think are relevant to your complaint. If you need assistance completing this form, please contact NWARPC at 479-751-7125.

SECTION I:		
Name:		
Address:		
Telephone (Home/Cell):	Telephone (Work):	
E-mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other _____	
SECTION II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION III:		
Have you previously filed a Title VI complaint with NWARPC? (Original complaint number, if known: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply: <input type="checkbox"/> Transit Provider <input type="checkbox"/> Department of Transportation <input type="checkbox"/> Federal Transit Administration <input type="checkbox"/> Department of Justice <input type="checkbox"/> Equal Employment Opportunity Commission <input type="checkbox"/> Other _____		
Have you filed a lawsuit regarding this complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 IV:

Name of Agency complaint is against:

Contact Person:

Title:

Telephone number:

SECTION V:

I believe the discrimination I experienced was based on (check all that apply):

- ☐ Race ☐ Color ☐ National Origin ☐ Gender/Sex ☐ Disability
☐ Other _____

Date of Alleged Discrimination (Month Day, Year): _____

On separate sheets of paper 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.

Signature and date required below. *Please note, we cannot accept your complaint without signature.*

Signature_____
Date

[Administrative – Original Complaint Number _____]