

**Northwest Arkansas Regional Mobility Authority (NWA RMA)  
Complaint Procedures (ADA/504/Title VI)**

Northwest Arkansas Regional Mobility Authority (NWA RMA) policy ensures nondiscrimination compliance, on the grounds of race, color, national origin, age, sex, religion (not applicable as a protected group under the FMCSA Title VI Program), disability, limited English proficiency (LEP), or low-income status as provided by Title VI of the Civil Rights act of 1964 and related Nondiscrimination authorities.

***Title 42 U.S.C. Sections 2000d***

Executive Order 13166 ensures individuals whose first language is not English and has a limited capacity to read, write or understand English have meaningful access to programs, information and services by any entity receiving Federal funding. Please provide the following information necessary 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.

**Complete this form and return to:**

Northwest Arkansas Regional Mobility Authority (NWA RMA)  
Attn: Nicole Gibbs, Regional Planner (Title VI /ADA/504 Coordinator)  
479-751-7125 (Voice/TTY 711)

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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    National Origin  
 Disability    Income    Limited English Proficiency (LEP)    Sex    Age

Date of the alleged discrimination: \_\_\_\_\_ Location: \_\_\_\_\_

Agency or person that was responsible for the alleged discrimination:

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Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

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What remedy are you seeking?

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List names and contact information of persons who may have knowledge of the alleged discrimination.

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Describe the alleged discrimination. Explain what happened and whom you believe as responsible.

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**The complaint will not be accepted if it has not been signed and dated. You may attach any written materials or other supporting information you think is relevant to your complaint.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date