

Southeast Arkansas Transportation Program

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.

SEAT Transportation 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 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 SEAT Transportation 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. SEAT Transportation's service Personnel Policy governs employment-related complaints of discrimination.

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:

Ashley Kimbrell, (Title VI Coordinator)

709 East 8th Ave.

Pine Bluff, Arkansas 71601

Email: ashleyk@aaasea.org

Telephone: 870-543-6229

Within 15 calendar days after receipt of the complaint, the Title VI 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 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 SEAT Transportation and offer options for substantive resolution of the complaint.

If the response by the Title VI 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). SEAT Transportation will retain a log of all Title VI complaints received by the Title VI Coordinator for at least 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 taken in response of the complaint.

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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 Joel Gardner at 479-756-5901.

Complete this form and return to:
Southeast Arkansas Transportation (SEAT)
Attn: Ashley Kimbrell, Administrative Manager
709 East 8th Ave.
Pine Bluff, AR 71601

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)*

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Economic Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Age | <input type="checkbox"/> LEP | <input type="checkbox"/> 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