



Rock Region  
**METRO**

## Title VI Complaint Form

CATA is committed to ensuring that no person is excluded from participation in or denied the benefits of its transit service on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

Any person who believes that he or she has been subjected to discrimination has the right to file a formal Title VI complaint within 180 days from the date of the alleged discrimination.

The following information is necessary to assist CATA in processing your formal Title VI complaint:

If you are filing an ADA complaint, please locate CATA's ADA Discrimination Complaint Form at [www.cat.org](http://www.cat.org) or by calling 501-375-6717.

### Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Do You Have Any Accessible Format Requirements?

Large Print: YES \_\_\_\_\_ NO \_\_\_\_\_      Audio Tape: YES \_\_\_\_\_ NO \_\_\_\_\_

TDD: YES \_\_\_\_\_ NO \_\_\_\_\_      Other: \_\_\_\_\_

*The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.*

**Section 2**

Are you filing this complaint based on race, color, or national origin?

RACE \_\_\_\_\_ COLOR \_\_\_\_\_ NATIONAL ORIGIN \_\_\_\_\_

Are you filing this complaint on your own behalf? YES \_\_\_\_\_ NO \_\_\_\_\_  
**(If "YES", go to Section 3)**

If "NO", please supply the name and relationship of the person for whom you are complaining:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain why you have filed for a 3<sup>rd</sup> Party. \_\_\_\_\_  
\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a 3<sup>rd</sup> Party. YES \_\_\_\_\_ NO \_\_\_\_\_

**Section 3**

Have you previously filed a Title VI complaint with CATA? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", what was your CATA Complaint Number? \_\_\_\_\_

***(Note: This information is needed for administrative purposes. CATA will assign a new complaint number to the new complaint.)***

Have you filed this complaint with any of the following agencies?

Federal Transit Administration: YES \_\_\_\_\_ NO \_\_\_\_\_ Dept. of Justice: YES \_\_\_\_\_ NO \_\_\_\_\_

Arkansas Dept. of Transportation: YES \_\_\_\_\_ NO \_\_\_\_\_

US Dept. of Transportation: YES \_\_\_\_\_ NO \_\_\_\_\_

Equal Employment Opportunity Commission: YES \_\_\_\_\_ NO \_\_\_\_\_

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, CATA will defer to the decision of the Court.)***

**Section 4**

Complaint is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Section 5**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Note: CATA will not accept your complaint without a signature)***

Please submit your completed form by mail to:

Central Arkansas Transit Authority  
c/o Title VI Program Director  
901 Maple Street  
North Little Rock, AR 72114

Scan and Email to: [info@cat.org](mailto:info@cat.org)  
Fax to: 501-375-6812  
Call 501-375-6717 for questions.

**Title VI Civil Rights  
Complaint Description**

*(You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist CATA in investigating your allegations. Please use additional paper if needed.)*