



Rock Region
METRO

Title VI Notice to the Public

Rock Region Metropolitan Transit Authority (Rock Region METRO) hereby gives public notice of its policy 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.

If you believe you have been subjected to unequal treatment or discrimination because of race, color, or national origin, you have the right to file a formal complaint. Official complaint forms may be found online at: rrmetro.org/about/learn-more/title-vi-program/. Signed complaints must be filed within 180 days following the date of the alleged discriminatory action:

By Mail or In Person	ROCK REGION METROPOLITAN TRANSIT AUTHORITY 901 MAPLE STREET NORTH LITTLE ROCK, AR 72114
By Email	info@rrmetro.org
By Fax	501-375-6812
By Phone*	501-375-6717
To FTA (By Mail)	Federal Transit Administration (FTA) Office of Civil Rights East Building, 5th Floor - TCR 1200 New Jersey Avenue, SE, Washington, DC 20590

*Complaints must be in writing and signed by complainants. In cases where complainants are unable or incapable of providing a written statement, verbal complaints may be made.

For more information or to request this document in an alternate format or translated into another language, please call **(501) 375-6717**.

*Para más información o para solicitar este documento en un formato alternativo o traducido a otro idioma, por favor llame al **(501) 375-6717**.*

Arkansas Relay Users: **Dial 711**



Title VI Complaint Form

Rock Region Metropolitan Transit Authority 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 information collected in this form is necessary to assist Rock Region METRO in processing your formal Title VI complaint. *Note: if you are filing an ADA complaint, please follow the procedures found at rrmetro.org/about/faq/ or call **(501) 375-6717**.*

For more information or to request this document in an alternate format or translated into another language, please call **(501) 375-6717**.

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SECTION 1: YOUR INFORMATION

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Do you have any accessible format requirements?

Large Print: YES _____ NO _____ Audio Tape: YES _____ NO _____

TDD: YES _____ NO _____ Other: YES _____ NO _____

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.

Title VI Complaint Form

SECTION 2: THIRD PARTY (IF APPLICABLE)

Are you filing this complaint on your own behalf? YES _____ NO _____
**If YES, go to Section 3.*

If you are not filing on your own behalf, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed on behalf of a third party. _____

Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. YES _____ NO _____

SECTION 3: COMPLAINT DETAILS

Are you filing this complaint based on race, color, and/or national origin (check all that apply)?

RACE _____ COLOR _____ NATIONAL ORIGIN _____

What is the date of the alleged discrimination? _____

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved. If known, include the name(s) and contact information of the person(s) who discriminated against you, as well as the name(s) and contact information of any witness(es). If more space is needed, please use the space at the end of this form.

Title VI Complaint Form

Complaint is Against: _____

Contact Person: _____ Title: _____

Phone Number: _____

SECTION 4: RELATED OR PREVIOUS COMPLAINTS

Have you previously filed a Title VI complaint with Rock Region METRO?

YES ____ NO ____

If YES, what was your Complaint Number? _____

**Note: This information is needed for administrative purposes. Rock Region METRO will assign a new complaint number to the new complaint.*

Have you filed this complaint with any of the following agencies (check all that apply)?

Federal Transit Administration: _____ Department of Justice: _____

Arkansas Dept of Transportation: _____ US Dept of Transportation: _____

Equal Employment Opportunity Commission: _____

Have you filed a lawsuit regarding this complaint? YES ____ NO ____

**If YES, please provide a copy of the complaint form. The above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, Rock Region METRO will defer to the decision of the court.*

SECTION 5: SIGNATURE

Signature: _____ Date: _____

**Note: Rock Region METRO will not accept your complaint without a signature.*

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SECTION 6: SUBMISSION INSTRUCTIONS / ADDITIONAL INFORMATION

Please submit your completed form via one of the following methods:

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If needed, please use this space to provide additional information about your complaint. Please attach additional pages if necessary.
