

**The City of Dardanelle** 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 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 **the City of Dardanelle or Mayor Jimmy Witt at (479) 229-4500.**

**Complete this form and return to:  
City of Dardanelle**

**Attn: Mayor Jimmy Witt (Title VI / ADA/504Coordinator), 120 N. Front Street, P. O. Box 360, Dardanelle, AR 72834 (479)229-4500 (Voice/TTY 711), or the following email address: [jwitt.mayor@dardanelle.com](mailto:jwitt.mayor@dardanelle.com)**

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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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**Complainant should 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