CITY OF ROGERS

ARKANSAS
WHERE POSSIBLE LIVES

The City of Rogers 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 Mr. John M. Pesek at (479) 636-0100.

Complete this form and return to:
City of Rogers
Attn: Mr. John M. Pesek (ADA/504/Title VI Coordinator)
301 W Chestnut Street
Rogers, AR 72756
(479) 636-0100
OR the following email address: jpesek@rogersar.gov

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:

_____

_____

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 is responsible.

_____

_____

The 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