City of Bull Shoals 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 Clerk at (870) 445-4775**.

Complete this form and return to:

City of Bull Shoals City Clerk

Attn: <u>Tina Bailey (Title VI /ADA/504Coordinator)</u>, 706 C S Woods <u>Blvd.</u>, <u>Bull Shoals</u>, <u>AR 72619</u>, <u>870-445-4775</u>, <u>or the following email address-tbailey@cityofbullshoals.org</u>

Complainant's Name:				
Address:				
State:	Zip Code:			
elephone (Home): Telephone (Work):				
Person(s) discriminated agair	nst (if other than co	mplainant)		
Name:				
Address:				
State:	Zip Code:			
Telephone (Home):	Tel	ephone (Work): _		
What is the discrimination ha	sed on? Rac	e Color	National Origin	

Signature	Date
Complainant should sign and date. The complaint will not be accep You may attach any written materials or other supporting informat your complaint.	_
Describe the alleged discrimination. Explain what happened and wheresponsible.	nom you believe as
List names and contact information of persons who may have know discrimination.	rledge of the alleged
What remedy are you seeking?	
Have you filed this complaint with any other Federal, State, or local	agency? If so, whom?
Agency or person that was responsible for the alleged discrimination	on:
Date of the alleged discrimination: Location: _	
☐ Disability ☐ Income ☐ Limited English Proficiency (LEP)	Sex Age