



# NONDISCRIMINATION COMPLAINT SUBMISSION FORM

Title VI of the Civil Rights Act of 1964 requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

**NOTE:** The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, contact the Nondiscrimination Coordinator (see below).

## INSTRUCTIONS:

Complete this form in its entirety. Return to the DEQ Nondiscrimination Coordinator, 5301 Northshore Drive, North Little Rock, AR 72118. Your complaint must be signed and filed within sixty calendar days of the alleged discriminatory act.

## SECTION I

COMPLAINANT’S NAME: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## SECTION II

Are you filing this complaint on your own behalf?  YES  NO

If you answered **YES** to this question, **go to Section III**. If you answered **NO** to this question, supply the name and your relationship to the person for whom you are filing the complaint:

APPLICANT’S NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Explain why you have filed for a third party:

Confirm that you have obtained permission from the aggrieved party if you are filing on behalf of a third party:  YES  NO

## SECTION III

Which of the following best describes the reason you believe the discrimination took place (select all that apply):

- RACE** (Specify): \_\_\_\_\_
- COLOR** (Specify): \_\_\_\_\_
- NATIONAL ORIGIN** (Specify): \_\_\_\_\_

**DATE OF ALLEGED DISCRIMINATION:** \_\_\_\_\_

**Explain as clearly as possible what happened and why you believe you were discriminated against (in violation of 40 C.F.R. Parts 5 and 7).** Describe all persons who were involved, if known. Include the name and contact information of the person(s) who discriminated against you, as well as names and contact information of any witnesses. Attach additional pages as needed.

## SECTION IV

**Name of agency or department with which you are filing your complaint:**

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**Name of individual your complaint is against** (if known):

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**Title of individual your complaint is against** (if known):

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**Contact information of individual your complaint is against** (if known):

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**Have you previously filed a with this agency?**

- YES**       **NO**

## SECTION V

Have you filed this complaint with any other federal, state, or local agency or with any federal or state court?

YES

NO

If **YES**, check all that apply:

**FEDERAL AGENCY:** \_\_\_\_\_

**STATE AGENCY:** \_\_\_\_\_

**FEDERAL COURT:** \_\_\_\_\_

**LOCAL AGENCY:** \_\_\_\_\_

**STATE COURT:** \_\_\_\_\_

Give the contact information for a person at the agency/court where the complaint was filed:

**INDIVIDUAL'S NAME:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. Attachments:

YES

NO

## SIGNATURE AND DATE ARE REQUIRED BELOW:

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE DATE:** \_\_\_\_\_

## SUBMIT FORM AND ANY ADDITIONAL INFORMATION BY MAIL TO:

Arkansas Energy & Environment  
DEQ Nondiscrimination Coordinator  
5301 Northshore Drive, North Little Rock, AR 72118

## FOR MORE INFORMATION, CONTACT:

Shay Randolph  
Nondiscrimination Coordinator  
e: shay.randolph@adeq.state.ar.us