

# Title VI Complaint Form

West Memphis Metropolitan Planning Organization  
West Memphis, Arkansas 72301

The City of West Memphis (City) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the City does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in the City's programs and activities, as well as the City's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the City's nondiscrimination policies may be directed to Dewayne Douglas, Personnel Director, Paul Luker, ADA Coordinator at [pluker@citywm.com](mailto:pluker@citywm.com), or Eddie Brawley, MPO Study Director at 796 West Broadway, West Memphis, AR 72301 (870)735-8148 or [wm.mpo@sbcglobal.net](mailto:wm.mpo@sbcglobal.net). You may also call 870-732-7500 or TTY/Voice number 711.

**If you require any assistance in completing this form, please contact the MPO by calling 870-735-8148**

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Person(s) discriminated against (if someone other than complainant)  
Name(s):

\_\_\_\_\_

Street Address, City, State & Zip Code of all persons (Attached additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

Date of the Incident: \_\_\_\_\_

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the name and title of all employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Have you filed a complaint with any other federal, state or local agencies?  
(Circle one)  
YES / NO

If so, list agency/agencies and contact information below:

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Complainant

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_