

CITY OF SMACKOVER

807 BROADWAY
POST OFFICE BOX 146
SMACKOVER, ARKANSAS 71762

Telephone (870) 725-3572
Fax (870) 725-2038

DONALD BROCK
Mayor

RICK EAST
Recorder/Treasurer

COUNCIL MEMBERS

PHILIP CHILDERS
MARK CORLEY
PAUL GIVENS
CHRIS LONG
JEFF PRICE
PHYLLIS SCOTT

TITLE VI/ADA NOTICE OF NONDISCRIMINATION

The City of Smackover, Arkansas 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 of Smackover, Arkansas does not discriminate on the basis of race, sex, color, age, national origin, religion (not applicable as a protected group under the FMCSA Title VI Program), disability, Limited English Proficiency (LEP), or low- income status in the admission, access to and treatment in the City of Smackover, Arkansas programs and activities, as well as hiring or employment practices.

Complaints of alleged discrimination and inquiries regarding the City of Smackover, Arkansas nondiscrimination policies may be directed to Mayor Donald Brock, Post Office Box 146, Smackover, Arkansas 71762, (870) 725-2258 (Voice/TTY 711), cdbrock@sbcglobal.net

Free language assistance for Limited English Proficient individuals is available upon request.

This notice is available in large print, on audiotape and in Braille from the ADA/504/Title VI Coordinator, Mayor Donald Brock, Post Office Box 146, Smackover, Arkansas 71762, (870) 725-2258 (Voice/TTY 711), cdbrock@sbcglobal.net

Title VI Complaint Procedure

The following procedures cover complaints filed under Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987.

“Any person who believes they, or any specific class of persons, were subjected to discrimination on the basis of race, color or national origin in programs or activities of a Federal-aid Recipient may file a complaint. According to U.S. DOT regulations, 49 CFR § 21.11(b), a complaint must be filed not later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the investigating agency”.

The City of Smackover, Arkansas will keep a log of all Title VI complaints received. The log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken in response of the complaint.

Title VI Complaint process

1. When the City of Smackover, Arkansas receives a complaint, it will forward the complaint to ARDOT, who will then forward the complaint to the Federal Highway Administration (FHWA) Arkansas Division Office (Division).
2. All Title VI complaints received by the Division Office will be forwarded to Federal Highway Office of Civil Rights (HCR) for processing and potential investigation.
3. If HCR determines a Title VI complaint against the City of Smackover, Arkansas can be investigated by ARDOT, HCR may delegate the task of investigating the complaint to ARDOT. ARDOT will conduct the investigation and forward the Report of Investigation to HCR for review and final disposition.
4. The disposition of all Title VI complaints will be undertaken by HCR, through either (1) informal resolution or (2) issuance of a Letter of Finding of compliance or noncompliance with Title VI. A copy of the Letter of Finding will be sent to the Division Office.

Title VI Complaint Form

The City of Smackover, Arkansas 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 ADA/504/Title VI Coordinator, Mayor Donald Brock, Post Office Box 146, Smackover, Arkansas 71762, (870) 725-2258 (Voice/TTY 711), cdbrock@sbcglobal.net

Complete this form and return to:

City of Smackover
Attn: Mayor Donald Brock, ADA/504/Title VI Coordinator
Post Office Box 146, Smackover, Arkansas 71762
(870) 725-2258 (Voice/TTY 711)

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 as responsible.

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