

Arkansas Transit Association
TITLE VI COMPLIANCE PROGRAM
RECORD OF TITLE VI COMPLAINT, INVESTIGATION, AND
RESOLUTION 49 CFR 21.9(b)

Complainant Name: _____

Address: _____

Telephone Number: _____

Alleged Discriminating Official(s) Name: _____

Address: _____

Complaint Filed With Other Agencies (State, Local or Federal):

1. Date Title VI Complaint Received By the Arkansas Transit Association:

2. Summary of Complaint Allegation(s):

3. Status of Investigation of Complaint:

4. Action(s) Taken By the Arkansas Transit Association:

5. Date Complaint Resolved or
Closed: _____