



City of Hot Springs – Hot Springs Intracity Transit

100 Broadway Terrace ▪ Hot Springs, AR 71913 ▪ Phone (501) 321-2020

TITLE VI COMPLAINT FORM Appendix (G)

Title VI Complaint Form

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Hot Springs Intracity Transit

Hot Springs Human Resources Department

H.S.I.T. is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (501) 321.2020. The completed form must be returned to H.S.I.T. Department of Human Resources, Title VI Coordinator, 133 Convention Boulevard, Hot Springs AR 71901.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than	
Street Address, City, State & Zip Code:	

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

Date of Incident:

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

Please describe the alleged discrimination incident. Provide the names and title of all H.S.I.T. employees involved if available. Explained what happened and whom you believe was responsible. Please use the back of this form if additional space is required. _____



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Please describe the alleged discrimination incident (continued)

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 Name: _____
Street Address, City, State & Zip Code: _____ Phone: _____

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____ Phone: _____

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: _____

Date received: _____

Received By: _____