

216 N. Lincoln Street ARKA

Mayor Chris Moore

THE CITY OF LOWELL

NOTICE OF NONDISCRIMINATION

The City of Lowell 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 Lowell does not discriminate based 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 Lowell programs and activities, as well as hiring or employment practices.

Complaints of alleged discrimination and inquiries regarding the City of Lowell nondiscrimination policies may be directed to Chris Moore, Mayor, 216 N. Lincoln Street, Lowell, AR 72745. 479-770-2185 Or by email, chris@lowellarkansas.gov.

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

This notice is available from the Title VI/ADA/Section 504 Coordinator in large print, on audiotape and in Braille.

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.II(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".

NOTE: The City of Lowell 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. If The City of Lowell receives a complaint, it **must** forward it to Arkansas Department of Transportation (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 Administration Office of Civil Rights (HCR) for processing and potential investigation.
- 3. If HCR determines a Title VI complaint against the City of Lowell 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.

The City of Lowell 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 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 <u>MAYOR CHRIS MOORE at479-770-2185</u>.

Complete this form and return to: The City of Lowell, 216 **N.** Lincoln Street, Lowell, AR 72745 Attn: <u>Chris Moore, Mayor</u>

Complainant's Name:		
Address:	City:	
State:	Zip code:	
Telephone (Home):		
Telephone (Work):		
Person(s) discriminated against (if other than	i complainant)	
Name:		
Address:	City:	
State:	Zip code:	
Telephone (Home):		
Telephone (Work):		
What is the discrimination based on?		
Race Color Disability Income	e Limited English Proficiency (LEP)	

National Origin ____ 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