

Civil Rights Complaint Form

LITTLE ROCK PORT AUTHORITY COMPLAINANT INFORMATION																	
Name <i>(first, middle, last)</i>																	
Address <i>(number and street, city, state, ZIP code)</i>																	
Home telephone number () -	Work telephone number () -	Cellular telephone number () -															
PERSON YOU BELIEVE DISCRIMINATED AGAINST YOU IF KNOWN																	
Name <i>(first, middle, last)</i>		Title															
Name of department																	
Address <i>(number and street, city, state, ZIP code)</i>																	
Home telephone number () -	Work telephone number () -	Cellular telephone number () -															
When was the last alleged discriminatory act? <i>(month, day, year)</i>																	
<p>Complaints of discrimination must be filed within 180 days of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.</p>																	
<p>The alleged discrimination was based on:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Gender</td> <td><input type="checkbox"/> National Origin</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Ancestry</td> <td><input type="checkbox"/> Retaliation</td> <td><input type="checkbox"/> Religious Affiliation</td> <td><input type="checkbox"/> Political Opinions*</td> </tr> <tr> <td><input type="checkbox"/> Creed*</td> <td><input type="checkbox"/> Sex*</td> <td><input type="checkbox"/> Marital Status*</td> <td><input type="checkbox"/> Sexual Orientation*</td> <td><input type="checkbox"/> Genetics*</td> </tr> </table>			<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Religious Affiliation	<input type="checkbox"/> Political Opinions*	<input type="checkbox"/> Creed*	<input type="checkbox"/> Sex*	<input type="checkbox"/> Marital Status*	<input type="checkbox"/> Sexual Orientation*	<input type="checkbox"/> Genetics*
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* Designates areas protected by CLR ordinance and information, not Title VI.

Describe the alleged act(s) of discrimination. *(Use additional pages, if necessary)*

Provide the names of any individuals with additional information regarding your complaint:		
Name of witness 1 <i>(first, middle, last)</i>		Title
Name of company		
Address <i>(number and street, city, state, ZIP code)</i>		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:		

Return this form to:
Jean Pulliam, Civil Rights Coordinator
Little Rock Port Authority
10600 Industrial Harbor Drive
Little Rock, AR 72206
(501) 490-1468

Name of witness 2 (<i>first, middle, last</i>)		Title
Name of company		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:		

Name of witness 3 (<i>first, middle, last</i>)		Title
Name of company		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:		

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