

Civil Rights Complaint Consent / Release Form

Name <i>(first, middle, last)</i>	Telephone number () -
Address <i>(number and street, city, state, ZIP code)</i>	
Case number(s) <i>(if known)</i>	
<p>As a complainant, I understand that during an investigation it may become necessary for the Little Rock Port Authority to reveal my identity to individuals outside of the Port in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for the Little Rock Port Authority to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes.</p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)</i></p> <p align="center">CONSENT</p> <p>I have read and understand the above information and authorize the Little Rock Port Authority to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize the Little Rock Port Authority to receive, review, and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p> <p align="center">CONSENT DENIED</p> <p>I have read and understand the above information and do not want the Little Rock Port Authority to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without The Little Rock Port Authority making a determination in my case.</p>	
Signature	Date <i>(month, day, year)</i>

Return this form to Jean Pulliam, Civil Rights Coordinator

Little Rock Port Authority – 10600 Industrial Harbor Drive – Little Rock, AR 72206