



## TITLE VI/ ADA NOTICE OF NONDISCRIMINATION/LEP

The **City of Jonesboro, AR (COJ)** complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, **COJ** does not discriminate on the basis of 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 **COJ** programs and activities, as well as hiring or employment practices. Complaints of alleged discrimination and inquiries regarding **COJ** nondiscrimination policies may be directed to the **Title VI/ADA 504 Coordinator, Director of Human Resources located at 300 South Church Street Suite 100 Jonesboro, AR 72401; (870)-933-4640 or the following email address [HR@jonesboro.org](mailto:HR@jonesboro.org)**

**Limited English Proficiency (LEP) Language** - Refers to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English and, therefore, are entitled to language assistance under Title VI of the Civil Rights Act of 1964 with respect to a particular type of service, benefit or encounter.

**AUTHORITY** - Title VI of the Civil Rights Act of 1964 (Title VI) states that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

**Executive Order (EO) 13166** - Improving Access to Services for Persons with LEP set forth the compliance standards that recipients must follow to ensure that the program and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of Title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. Recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

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

## Title VI Complaint Form

Title VI of 1964 the Civil Rights Act requires that “**NO**” person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance.

**City of Jonesboro (COJ)** 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 in order 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 **Title VI/ADA 504 Coordinator, COJ HR Director at (870)-933-4640.**

**Complete this form and return to:  
The COJ Human Resources Offices  
Attn: Director of Human Resources**

**300 South Church Street Suite 100 Jonesboro, AR 72401 and (870)-933-4640**

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Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Person(s) discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

What is the discrimination based on?     Race     Color     National Origin

Disability  Income  Limited English Proficiency (LEP)  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