Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground 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."

Title 42 U.S.C. Sections 2000d

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 SEAT EEO Section at (870) 543-6300.

Complete this form and return to:
Area Agency on Aging of Southeast Arkansas dba SEAT
EEO Section
Attn: Tony Barr, Title VI Coordinator
709 East 8th Ave
Pine Bluff, AR 71601

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

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.
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Please 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