Northwest Louisiana Council of Governments Complaint Form

The purpose of this form is to assist you in filing a complaint with NLCOG. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in bold must be provided, whether or not the form is used.

1. State your name and contact information.
Name: _________________________________________________________
Address: _________________________________________________________
City, State: _____________________________   Zip: ______________
Home Telephone: (________) ___________________
Other Telephone: (________) ___________________

2. Person(s) discriminated against, if different from above:
Name: _________________________________________________________
Address: _________________________________________________________
City, State: _____________________________   Zip: ______________
Home Telephone: (________) ___________________
Other Telephone: (________) ___________________
Please explain your relationship to this person(s): _____________________

3. Agency and department or program that discriminated:
Agency Name: ___________________________________________________
Any individual if known: ___________________________________________
Address: _________________________________________________________
City, State: _____________________________   Zip: ______________
Telephone: (________) ___________________
4. Please indicate below the basis on which you believe the discrimination occurred. (Please check all that apply.)

- Race / Color: _________________________________________________
- Ethnicity / National origin: _____________________________________
- Sex: _________________________________________________________
- Age: _________________________________________________________
- Disability: ____________________________________________________
- Retaliation: __________________________________________________

5. What is the most convenient time and place for us to contact you?

________________________________________________________________

6. To your best knowledge, on what date(s) did the alleged discrimination take place?

Date: ___________________________________

7. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name    Address    Area Code/Telephone
________________________________________________________________
________________________________________________________________
________________________________________________________________

8. Do you have any other information that you think is relevant to our investigation of your allegations?
________________________________________________________________
________________________________________________________________
________________________________________________________________

9. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

_______________________________    _____________________________
Signature     Date

Please feel free to add additional sheets to explain the present situation to us. Attach a copy of written materials pertaining to your case. Please mail the completed, signed Discrimination Complaint Form (make a copy of each for your records) to:

Northwest Louisiana Council of Governments
Attn: Lisa M. Frazier, Title VI Coordinator
401 Market Street, Suite 460
Shreveport, Louisiana 71101

Telephone: (318) 841-5950
Fax: (318) 841-5952