Title VI 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 highlighted 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	t 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 dis	scriminated:		
Agency Name:			
Any individual if known:			
Address:			
City, State:	Zip:		
Telephone: ()			
4. Please indicate below the basis on which yo all that apply.)	ou believe the discrimination occurred. (Please check		
□ Race / Color	☐ Ethnicity / National origin		
□ Sex:	☐ Age:		
□ Disability	☐ Retaliation		
5. What is the most convenient time and place	e for us to contact you?		

6.	To your best knowledge, on what da	te(s) did	the alleged dis	<mark>crimination take p</mark> l	ace?
	Date:				
7.	Please explain as clearly as possible were discriminated against. Indicate were treated differently from you.				
	ease list below any persons (witnesse e may contact for additional informati				, if known, whom
Na	ame Addre	SS	Area Code/To	elephone	
Do	you have any other information that	you think	is relevant to	our investigation o	f your allegations?
_					
8.	We cannot accept a complaint if it h below.	as not bee	en signed. Pleas	se sign and date thi	<mark>s complaint form</mark>
Sig	gnature		Date		_
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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 625 Texas Street, Suite 200 Shreveport, Louisiana 71101

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

E-mail: lisa.frazier@nlcog.org