Northwest Louisiana Council of Governments

Title VI Complaint Procedures

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited by Title VI nondiscrimination provisions may file a written complaint with NLCOG’s Title VI Coordinator. A formal complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant. The complaint must meet the following requirements:

   a. Complaint shall be in writing and signed by the complainant(s).

   b. Include the date of the alleged act of discrimination (date when the complainant(s) became aware of the alleged discrimination; or the date on which that conduct was discontinued or the latest instance of the conduct).

   c. Present a detailed description of the issues, including names and job titles of those individuals perceived as parties in the complained-of incident.

   d. Allegations received by fax or e-mail will be acknowledged and processed, once the identity(ies) of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or e-mail transmittal for NLCOG to be able to process it.

   e. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign, and return to NLCOG for processing.

2. Upon receipt of the complaint, the Title VI Coordinator will determine its jurisdiction, acceptability, and need for additional information, as well as investigate the merit of the complaint. In cases where the complaint is against one of NLCOG’s sub-recipients of federal funds, NLCOG will assume jurisdiction and will investigate and adjudicate the case. Complaints against NLCOG will be referred to the LaDOTD’s Compliance Office (Section 37), the Federal Highway Administration or the Federal Transit Administration, as appropriate, for proper disposition pursuant to their procedures. In special cases warranting intervention to ensure equity, these agencies may assume jurisdiction and either complete or obtain services to review or investigate matters.
3. In order to be accepted, a complaint must meet the following criteria:
   a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
   b. The allegation(s) must involve a covered basis such as race, color, national origin, gender, disability, or retaliation.
   c. The allegation(s) must involve a program or activity of a Federal-aid recipient, subrecipient, or contractor, or, in the case of ADA allegations, an entity open to the public.
   d. The complainant(s) must accept reasonable resolution based on NLCOG’s administrative authority (reasonability to the determined by NLCOG.

4. A complaint may be dismissed for the following reasons:
   a. The complainant requests the withdrawal of the complaint.
   b. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
   c. The complainant cannot be located after reasonable attempts.

5. Once NLCOG or LaDOTD decides to accept the complaint for investigation, the complainant and the respondent will be notified in writing of such determination within five calendar days. The complaint will receive a case number and will then be logged in NLCOG’s or LaDOTD’s records identifying its basis and alleged harm, and the race, color, national origin, and gender of the complainant.

6. In cases where NLCOG assumes the investigation of the complaint, NLCOG will provide the respondent with the opportunity to respond to the allegations in writing. The respondent will have 10 calendar days from the date of NLCOG’s written notification of acceptance of the complaint to furnish his/her response to the allegations.

7. In cases where NLCOG assumes the investigation of the complaint, within 40 calendar days of the acceptance of the complaint, NLCOG’s Investigator (the Title VI Coordinator) will prepare an investigative report for review by the agency’s Legal Counsel and Executive Director. The report shall include a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition.
8. The investigative report and its findings will be sent to NLCOG’s Legal Counsel for review. The Counsel will review the report and associated documentation and will provide input to the Investigator within 10 calendar days.

9. Any comments or recommendations from NLCOG’s Legal Counsel will be reviewed by NLCOG’s Investigator. The Investigator will discuss the report and recommendations with the Executive Director within 10 calendar days. The report will be modified as needed and made final for its release.

10. NLCOG’s final investigative report and a copy of the complaint will be forwarded to LaDOTD’s Compliance Office (Section 37) within 60 calendar days of the acceptance of the complaint. LaDOTD’s Compliance Office (Section 37) will share the report with FHWA and FTA.

11. NLCOG will notify the parties of its preliminary findings, which are subject to concurrence from LaDOTD’s Compliance Office (Section 37). LaDOTD’s Compliance Office (Section 37) will issue the final decision to NLCOG based on NLCOG’s investigative report.

12. Once LaDOTD’s Compliance Office (Section 37) issues its final decision, NLCOG will notify all parties involved about such determination. LaDOTD’s Compliance Office (Section 37) final determination is not subject to an appeal.

13. LaDOTD’s Compliance Office (Section 37) will also serve as the appealing forum to a complainant that is not satisfied with the outcome of an investigation conducted by NLCOG. LaDOTD’s Compliance Office (Section 37) will analyze the facts of the case and will issue its conclusion to the appellant according to their procedures.
Northwest Louisiana Council of Governments
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 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Area Code/Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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