TITLE VI & ADA COMPLAINT FORM

Section I:						
Name:						
Address:						
Telephone (Home):	Telephone (Home):		Telephone (Work):			
Electronic Mail Address:	Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		Other			
Section II:						
Are you filing this complai	-		Yes*	No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person for whom you are complaining:						
Please explain why you have	ve filed for a third party:		1			
Please confirm that you hav aggrieved party if you are f	1		Yes	No		
Section III:						
I believe the discrimination I experienced was based on (check all that apply):						
[] Race [] Color [] National Origin [] Disability						
Date of Alleged Discrimination (Month, Day, Year):						
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.						

Section IV						
Have you previously filed a Title VI or ADA complaint with this agency?		Yes	No			
Section V						
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?						
[] Yes [] No						
If yes, check all that apply:						
[] Federal Agency:						
] Federal Court [] State Agency						
[] State Court	State Court [] Local Agency					
Please provide information about a contact person at the agency/court where the complaint was filed.						
Name:						
Title:						
Agency:						
Address:						
Telephone:						
Section VI						
Name of agency complaint is against:						
Contact person:						
Title:						
Telephone number:						

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Port of Lake Charles / Human Resources Specialist 1611 W. Sallier Street Lake Charles, LA 70601