

4. Title VI Complaint Form



Title VI Complaint Form
City of Alexandria, LA ATRANS

ATRANS is committed to ensuring that no person is excluded from participation in or denied the benefits of its services based on race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please call (318) 441-6087. The completed form must be returned to ATRANS, City of Alexandria, LA, 2021 Industrial Park Road, Alexandria, LA 71303.

Name:	Telephone Number:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident:

Please describe the alleged discrimination incident. Provide the names and title of all employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Title VI Complaint Form
City of Alexandria, LA ATRANS

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one)

Yes / No

If so, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: Phone:

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature: _____ Date: _____

Print or Type Name of Complainant:

Date Received:

Received By: