Tangipahoa Parish Title VI Complaint Form

In compliance with Title VI of the Civil Rights Act of 1964, the Tangipahoa Parish Government operates all of its programs and provides public transportation and other services without regard to race, color, or national origin. Tangipahoa Parish is committed to providing non-discriminatory service that is open to the general public. Anyone who believes that they have been subject to an unlawful discriminatory practice by Tangipahoa Parish has the right to file a Title VI complaint with the Parish of Tangipahoa. The complaint 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 (985) 748-3211. The completed form must be sent to: Personnel Director, P. O. Box 215, Amite, La. 70422-0215 or vbaker@tangipahoa.org.

**COMPLAINTANT INFORMATION**

Name: ________________________________________________________________

First Name                                             MI                                     Last Name

Phone: (_______) _______ - _______                                   Alternate Phone: (_______) _______ - _______

Home Address: __________________________________________________________

City___________________________________ State_________ Zip Code: _____________

Mail Address: __________________________________________________________

City___________________________________ State_________ Zip Code: _____________

**Name(s) & Contact Information for person(s) discriminated against (if someone other than complainant)** If you need more space attach additional sheet to this form:

Name: ________________________________________________________________

First Name                                             MI                                     Last Name

Phone: (_______) _______ - _______                                   Alternate Phone: (_______) _______ - _______

Mail Address: __________________________________________________________

City___________________________________ State_________ Zip Code: _____________

Name: ________________________________________________________________

First Name                                             MI                                     Last Name

Phone: (_______) _______ - _______                                   Alternate Phone: (_______) _______ - _______

Mail Address: __________________________________________________________

City___________________________________ State_________ Zip Code: _____________

Name: ________________________________________________________________

First Name                                             MI                                     Last Name

Phone: (_______) _______ - _______                                   Alternate Phone: (_______) _______ - _______

Mail Address: __________________________________________________________

City___________________________________ State_________ Zip Code: _____________
Describe the alleged discrimination incident as accurately as possible, including names, dates, and times. Provide the names of all Tangipahoa Parish or transit employees involved, if available.

**Explain what happened and who you believe was responsible.** (Please use the back of this form if additional space is required.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________


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

Complainant’s Signature: ___________________________ Date: _____/_____/_____