



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.

COMPLAINANT 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: ____/____/____

OFFICE USE ONLY

HR Receive Stamp: