

Louisiana Department of Transportation

Title VI Discrimination Complaint Form

Name	Phone	Name of Person(s) Who Discriminated Against you.	
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If known)	
City, State, Zip		City, State, Zip	
Discrimination Because Of: __Race __Color __Sex __Disability __Age __National Origin __ Income Status or Retaliation		Date of Alleged Incident	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and witnessed the discrimination. Be sure to include how other persons were treated differently than you. Attach any written material pertaining to your case.			
Signature		Date	

Please return this form to: **Compliance Programs Officer**
P.O. Box 94245
Baton Rouge, LA 70804

Telephone Number : (225) 379-1361
Fax Number : (225) 379-1865