



Title VI/Americans with Disabilities Act (ADA) Program Complaint Procedure

The **Louisiana Department of Transportation and Development's (LADOTD's)** Title VI/ Americans with Disabilities Act (ADA) Complaint Procedure is made available in the following locations:

- Agency website
 - Hard copy in the central office
 - Agency Title VI Plan
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Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, national origin, disability, sex, age low-income or LEP (Limited English Proficiency) by the **Louisiana Department of Transportation and Development** may file a Title VI/ ADA complaint by completing and submitting the agency's Title VI/ ADA Complaint Form.

A complaint must be filed with the **Louisiana Department of Transportation and Development** no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Once the complaint is received, the **Louisiana Department of Transportation and Development** will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The **Louisiana Department of Transportation and Development** has 45 days to investigate the complaint.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 180 days after the date of the letter or the LOF to do so. LADOTD will analyze the facts of the case and will issue its conclusion to the appellant within 60 days of the receipt of the appeal.

LADOTD maintains a Title VI/ADA Complaint Log for internal tracking purposes. All information contained within the complaint log is kept confidential.



Title VI Program Complaint Form

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- Agency Title VI Plan

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			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 filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Income Status <input type="checkbox"/> LEP 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 or a separate sheet of paper. _____ _____				
Section IV				
Have you previously filed a Title VI 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> 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 to:

**LA DOTD, Compliance Programs Section
Cynthia Douglas, Title VI/ ADA Program Manager
P.O. Box 94245
Baton Rouge, LA 70804-9245**

**Telephone Number: (225)379-1382
Fax Number: (225) 379-1865**