

TITLE VI DISCRIMINATION COMPLAINT PROCESS AND COMPLAINT FORM

All written or verbal complaints of discrimination will be forwarded immediately to the Compliance Programs Office of DOTD for handling in accordance with 23 CFR 200.9 (b)(3). In cases where the Complainant is unable or incapable of providing a written statement, the complainant will be assisted in converting the verbal complaint into a written complaint complaints however must be signed by the complainant.

All Title VI and related statute complaints are considered formal as there is no informal process. Therefore, the complainant will be contacted according to DOTD's formal complaint process. Complaints filed under Title VI against sub-recipients or contractors/consultants will be investigated by LCG with the assistance of DOTD's Title VI Program Manager. The LCG shall maintain a confidential log of complaints for the purpose of assisting DOTD.

H.1.0 Complaint Log

The log will include the following information:

- a) Name of Complainant;
- b) Name of Respondent;
- c) Basis of Complaint: race, color, national origin, income, gender, age, and disability or retaliation;
- d) Date complaint received by the LCG;
- e) Date the LCG forwarded the complaint to DOTD's Title VI Program Manager;
- f) A statement of the complaint, including specific details, relevant facts and documentation; and
- g) The final disposition of the complaint.

H.2.0 Intimidation and Retaliation

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

H.3.0 Time Frames

There are different time frames depending on the agency and complainant.

LADOTD shall respond to complaints according to the time frame delineated below:

1. 45 days to conduct an investigation;
2. 15 days to complete investigative report and submit to the administrative supervisor of DOTD Complaint Section with copies to FHWA, FTA and LCG.

The total time allotted is 60 days.

H.3.1 Complainant

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Lafayette Consolidated Government may file a Title VI Complaint by completing and LCG Title VI Complaint Form. The LCG investigates complaints received no more than 180 days after the incident was alleged to occur, and will process all complaints that are complete.

Once the LCG is in receipt of the complaint, the LCG will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Lafayette Consolidated Government has 45 days to investigate the complaint. If more information is needed to resolve the case, the LCG may contact the complainant. The complainant has 180 business days from the date of the letter to send requested information to the investigator or Title VI Coordinator processing the case. If the investigator or Coordinator is not contacted by the complainant or does not receive the supplementary information requested with the allotted number of business days, the LCG can administratively close the case. A case can also be administratively closed in the event that a complainant expresses a wish to no longer pursue the case.

Upon review of the complaint, the investigator will issue one of two 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 synthesizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff members, or other corrective action will be required. If the complainant wishes to appeal the decision, they have 30 days after the date of the letter to do so.

Comment [KT1]: ?

A complaint must be filed 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.

H.4.0 Contact Information for DOTD Title VI and ADA Compliance

The current contact is Heather Huval. Phone: 225-379-1923. Email: heatherhuval@la.gov

H.5. Title VI Discrimination Complain Form (on the next page)

Lafayette Consolidated Government (LCG)¹⁷

Title VI Discrimination Complaint Form

Your Name	Phone	Name of Person(s) who discriminated Against You
Your Address (Street No., P.O. Box, Etc.)		Location and Position of Person (if known)
Your City, State, Zip		City, State, Zip of Alleged Incident
Discrimination occurred because of: ___ Race/Color ___ Sex ___ Disability ___ Age ___ National Origin ___ Income Status ___ Retaliation		Date of Alleged Incident
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against.</p> <p>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.</p>		
Section II.		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered yes to this question, skip to Section III.		
If not, please supply the name and relationship of the person for whom you are filing this complaint:		

¹⁷ This form will be printed and distributed to reflect the name and contact information of the current Title VI & ADA Coordinator as

Please explain why you are filing for a third party:			
Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf:		Yes	No
Section III			
Have you previously filed a complaint with this Agency?			
Have you filed this complaint with any other Federal, State, or local agency? If yes, please name said agency and briefly describe the incident.			
Signature:		Date:	
Please return this form to: Shaun P. Williams Title VI & ADA Coordinator Lafayette Consolidated Government 101 Jefferson Street Lafayette, LA 70501		Phone: 337-291-8410	
Accessible Format Requirements for this Form?	Large Print		Audio Tape
	TDD		Other

