## **Non- Discrimination Complaint Form**

Section I:						
Name:						
Address:						
Telephone (Home):		Telephone (Work):				
Email Address:		1				
Accessible Format Requirements?	Large Print		Audio Tape			
Section II:	TDD		Other			
Are you filing this complaint on your own behalf?  Yes*  No						
		i es-	ľ	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 are filing on behalf of a third party.			Yes Yes		No	
Section III:						
I believe the discrimination I experi	enced was based on (check all that	at apply):				
[] Race [] Color [] Nation			nal Origin [ ] Disability			
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.						
Section IV						
Have you previously filed a non-dis	scrimination complaint with this a	gency?	Yes	No	)	

Section V	
Have you filed this complaint with any other Feder	ral, State, or local agency, or with any Federal or State court?
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	
[] Federal Court	[ ] State Agency
[] State Court	[ ] Local Agency
Please provide information about a contact person a	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 in ignature and date required below	formation that you think is relevant to your complaint.
ignature	Date

If information is needed in another language, contact **318-251-5136**. Please submit this form in person at the address below, or mail this form to:

Humanitarian Enterprises of Lincoln Parish Ronald Dowling, Agency Director 318-251-5136

## **Non-Discrimination Complaint Procedure**

- ☑ Agency website, if available <a href="https://www.lincolnparish.org/help">https://www.lincolnparish.org/help</a>
- **☒** Hard copy in the central office
- **☒** Agency Title VI Plan

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, national origin or disability by the Humanitarian Enterprises of Lincoln Parish may file a non-discrimination complaint by completing and submitting the agency's non-discrimination Complaint Form. File initial complaint with Ronnie Dowling at Humanitarian Enterprises of Lincoln Parish

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.

A complaint must be filed with the Humanitarian Enterprises of Lincoln Parish 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 of the latest instance of the conduct.

Once the complaint is received, the Humanitarian Enterprises of Lincoln Parish will review it to determine if our office has jurisdiction. (A copy of each non-discrimination complaint received will be forwarded to the Louisiana Department of Transportation and Development within ten (10) calendar days of receipt.) The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Humanitarian Enterprises of Lincoln Parish has 45 days to investigate the complaint. If more information is needed to resolve the case, the Humanitarian Enterprises of Lincoln Parish may contact the complainant.

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 <u>closure letter</u> summarizes the allegations and states that there was not a Title VI or other discriminatory violation and that the case will be closed.
- ✓ A <u>letter of finding (LOF)</u> 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 letter of finding to do so. A person may also file a complaint directly with the: Louisiana Department of Transportation, Attn: Cynthia Douglas, 1201 Capitol Access Road, Baton Rouge, LA 70804.

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.

If information is needed in another language, contact 318-251-5136.

Humanitarian Enterprises of Lincoln Parish, 307 N. Homer Street Ruston, LA 71270 Ronnie Dowling