



KNOW YOUR RIGHTS UNDER TITLE VI

The City of Alexandria, LA (ATRANS) operates its programs and services without regard to of race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person believing that an unjust or any unlawful discriminatory practice under Title VI may file a complaint with the City of Alexandria, LA

For more information on the City of Alexandria, LA civil rights program, and the procedures to file a complaint, contact 318-441-6087 (TTY 318-441-6093), email susan.broussard@cityofalex.com, or visit our administrative office at 2021 Industrial Pak Road, Alexandria, LA 71303. For more information, visit www.cityofalexandriala.com.

Individuals who believe that an unjust of the benefits of, excluded from participation in, or subject to discrimination on the ground of race, color, or national origin can file an administrative complaint with City of Alexandria, LA under Title VI of the Civil Right Act of 1964, and send to the above address. If desired, individuals may file a complaint by completing the attached Title VI complaint form or a copy of the form available on-line at [www: cityofalexandriala.com](http://www.cityofalexandriala.com). Complaints would be signed and include contact information. A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention, Title VI Program, Coordinator, East Building 5th Floor, and TCR 1200 New Jersey Ave., SE, Washington DC 20590.



Title VI Complaint Form
City of Alexandria, LA ATRANS

ATRANS is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints 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 (318) 441-6087. The completed form must be returned to ATRANS, City of Alexandria, LA, 2021 Industrial Park Road, Alexandria, LA 71303.

Name:	Telephone Number:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident:

Please describe the alleged discrimination incident. Provide the names and title of all employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Title VI Complaint Form
City of Alexandria, LA ATRANS

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

If so, list agency / agencies and contact information below:

Agency: _____ Contact Name:
Street Address, City, State & Zip Code: _____ Phone: _____

Agency: _____ Contact Name:
Street Address, City, State & Zip Code: _____ Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature: _____

Date: _____

Print or Type Name of Complainant

Date Received: _____

Received By: _____