

# APPENDIX A

## Title VI Discrimination Complaint Form

### CONFIDENTIAL

The City of Shreveport prohibits discrimination, harassment and retaliation based on race, color, creed, sex, disability, age, national origin, affectional preference, marital status, public assistance status, religion or for any other reason.

Complaint Process: Any employee, customer or contractor desiring to report an incident of discrimination, harassment or retaliation should report the incident within five (5) working days of the occurrence. At the Human Resources Director's discretion, complaints, may be accepted after this period. Please complete this form and mail or deliver in a sealed envelope to the City of Shreveport's Human Resource Department. If you need assistance in completing this form, call 318-673-5150. Your complaint will be treated confidentially, considered carefully, and promptly investigated. No adverse action will be taken against you for making your complaint so long as statements are true and you reasonably believe the complaint to be valid.

DATE: \_\_\_\_\_

TO: City of Shreveport, Human Resources Department, 505 Travis Street, Suite 530, Shreveport LA 71130

Please check your status: Employee  Contractor  Other

FROM: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_

Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### DETAIL OF COMPLAINT

Reason of Complaint: Disability  Retaliation  Race  Sex  Age  Other: \_\_\_\_\_

Have you filed a grievance previously? Yes  No

Do you have documents to attach to this complaint form? Yes  No  If so, how many pages? \_\_\_\_\_

Who is the complaint against? \_\_\_\_\_

Where did this incident happen? \_\_\_\_\_

Provide a detailed explanation as to how you were discriminated against. Indicate who was involved, witnesses and any documentation you deem necessary.

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Forward Complaint to: Sherron Phae Williams, Esq., Director of Human Resources  
505 Travis Street Ste. 530, Shreveport, LA 71101 :