



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 Resource Director's discretion, complaints may be accepted after this period. Please complete this form and mail or deliver in a sealed envelop to the City of Shreveport's Human Resource Department. If you need assistance in completing this form, call 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: _____ Work 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? _____

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

Forward Complaint to: Angelita B. Jackson, Director of Human Resources

505 Travis Street, Rm 530, Shreveport, LA 71130