



## **Terrebonne Parish Consolidated Government**

### **Good Earth Transit**

### **Civil Rights Complaint Form**

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.

Section 601 of Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

FTA C 4702.1B

If you believe you have been discriminated against and would like to make a formal complaint, please fill-in the information below. A formal complaint must be filed within 180 days of the occurrence of the alleged discrimination act. Assistance is available upon request. Please call 985-850-4616 ext. 409.

Complete this form and return to:

Office Manager  
Terrebonne Parish Consolidated Government  
137 Intracoastal Drive  
Houma, Louisiana 70363

## Section I - Personal Information

Complainant's Name:

Address:

City:  State:  Zip:

Telephone (Home):  Work/Cell Phone:

Person(s) discriminated against (if other than complainant):

Name:

Address:

City:  State:  Zip:

Telephone (Home):  Work/Cell Phone:

## Section II – Complaint Information

What is the discrimination based on?

Race/Color

National Origin

Sex

Low Income

Limited English Proficiency

Disability

Date of the alleged discrimination:  Location:

Person who was responsible for alleged discrimination:

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (for additional space, attach additional sheets of paper to this form).

List names and contact information of person who may have knowledge of the alleged discrimination.

In your opinion, how can this complaint be resolved? How can the problem be corrected?

Please sign and date. The complaint will not be accepted if it is not been signed. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Signature

Date