

## Louisiana Department of Health CIVIL RIGHTS COMPLAINT FORM

*In accordance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended, no person shall on the ground of age, sex, religion, race, color, national origin, political belief or disability be excluded from participation in; be denied the benefits of or be subjected to discrimination or rude/hostile treatment under any program or activity conducted by the Louisiana Department of Children and Family Services either directly or indirectly or through contractual or other arrangements. Any person who believes that he/she has been subjected to illegal discrimination may file a written complaint.*

<b>1.</b>	<b>Complainant's Name</b>				
	<b>Address</b>				
	<b>Phone</b>				
<b>2.</b>	<b>List below the organization, office, or individual accused of illegal discriminatory practices, the address or location of the organization office or individual, and the program involved such as SNAP, FITAP, Foster Care, etc.</b>				
	<b>Name</b>				
	<b>Location</b>				
	<b>Program</b>				
<b>3.</b>	<b>Date(s) of Alleged Incident</b> <small>(Complaints must be filed within 180 days of the alleged incident.)</small>				
<b>4.</b>	<b>SNAP Basis of Complaint</b> <small>(check all that apply)</small>	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
		<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Political Beliefs
<b>5.</b>	<b>Other Programs Basis of Complaint</b> <small>(check all that apply)</small>	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
		<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Political Beliefs
		<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation		
<b>6.</b>	<b>Nature of Complaint</b>  <small>(Describe fully. Attach additional pages if necessary)</small>				

<b>7.</b>	<b>Witness(es) to Incident</b>	
	<b>Name</b>	
	<b>Address</b>	
	<b>Phone</b>	
	<b>Name</b>	
	<b>Address</b>	
	<b>Phone</b>	
<b>8.</b>	<b>Complaint Processing</b> (Submit this completed form to LDH or the appropriate federal agency.)	
	<p style="text-align: center;">LA Department of Health  Bureau of General Counsel  Civil Rights Section  P.O. Box 1887  Baton Rouge, LA 70821  (225) 342-0309  <a href="mailto:DCFS.BureauofCivilRights@LA.Gov">DCFS.BureauofCivilRights@LA.Gov</a>  <b>AND/OR</b></p>	
	<b>SNAP Program</b>	<p>To file a complaint of discrimination, write  United States Department of Agriculture  Director, Office of Adjudication  1400 Independence Avenue, S.W.  Washington, D.C. 20250-9410</p> <p>800-795-3272 (voice)  (202)-720-6382 (TTY)  "USDA is an equal opportunity provider and employer"</p>
	<b>Other Programs, such as FITAP, Child Care, Foster Care, etc.</b>	<p>US Department of Health &amp; Human Services, Director  Office for Civil Rights  1301 Young Street – Suite 1169  Dallas, Texas 75202  (214) 767-4056 (voice) (214) 767-8940 (TDD)  "DHHS is an equal opportunity provider and employer"</p>
<b>Signature</b>		
<b>Date</b>		

***"LDH is an equal opportunity provider and employer."***