



## Title VI Discrimination Complaint Form

Name	Phone	Name of Person(s) Who Discriminated Against you.	
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If known)	
City, State, Zip		City, State, Zip	
Discrimination Because Of: ____Race                      ____Color                      ____National Origin		Date of Alleged Incident	
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and witnessed the discrimination. Be sure to include how other persons were treated differently than you. Attach any written material pertaining to your case.</p>			
Signature		Date	

Please return this form to: **Plaquemines Parish Government**  
333 F. Edward Hebert Blvd, Bldg. 100  
Belle Chasse, La. 70037-3012  
[jtouzet@ppgov.net](mailto:jtouzet@ppgov.net)

Telephone Number: (504) 934-6411  
Fax Number: (504) 934-6419