

Attachment C



Morgan City Harbor and Terminal District Title VI and ADA Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No

Attachment C

Section III:

I believe the discrimination I experienced was based on (check all that apply):

☐ Race ☐ Color ☐ National Origin ☐ Disability

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who allegedly discriminated against you (if known), as well as the names and contact information of any witnesses. If more space is needed, please use additional paper or the back of this form.

Attachment C

Section IV		
Have you previously filed a Title VI or ADA complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____	
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____	
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
Telephone: _____		
Section VI		
Name of agency complaint is against: _____		
Contact person: _____		
Title: _____		
Telephone number: _____		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature: _____

Date: _____

Please submit this form in person at the address below or mail this form to:

Morgan City Harbor and Terminal District
c/o Title VI / ADA Coordinator

7327 Highway 182, 2nd Floor, Morgan City LA 70380
or
P.O. Box 1460, Morgan City LA 70381