

Louisiana Department of Public Safety and Corrections, Public Safety Services
Office of State Police
Office of Motor Vehicles
Title VI Complaint Procedure

The **Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles**, Title VI Complaint Procedure is made available in the following locations:

- Agency website
 - Hard copy in the headquarters office
 - Agency Title VI Plan
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Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, national origin, disability, low-income, age, sex, or limited English proficiency under any program or activity for which the **Louisiana Department of Public Safety and Corrections, Office of State Police or Office of Motor Vehicles, (LADPS)**, receives Federal assistance from the United States Department of Transportation, through the Federal Motor Carrier Safety Administration (FMSCA), may file a complaint by completing and submitting the agency's Title VI and Related Authorities Complaint Form.

A complaint must be filed with LADPS no later than 180 days after the date of the alleged discrimination occurred.

Once the complaint is received, the **Title VI Coordinators within LADPS** will review it to determine which entity within LADPS has jurisdiction, if any. In cases where the complaint is against one of LADPS' sub recipients of FMSCA funds, the appropriate office within LADPS will assume the jurisdiction and will investigate and adjudicate the complaint. The complainant will receive an acknowledgement letter informing her/him whether or not the complaint will be investigated.

- If the complaint is against a person employed or contracted by the **Office of Motor Vehicles** or a civilian employee or contractor of the **Office of State Police**, the appropriate Title VI Coordinator will cause an investigation to take place. The complainant shall be notified of the final decision regarding his or her complaint within 90 days of the receipt of the complaint.

After the complaint is investigated, one of two (2) letters will be issued to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI or related authorities violation and that the case will be closed.
 - ✓ A letter of finding (LOF) summarizing the allegations and the interviews regarding the alleged incident, and explaining whether any disciplinary action, additional training of the staff member, or other action will occur.
- If the complaint is against anyone to whom La. R.S. 40:2531 applies, the complaint shall be investigated and processed according to Louisiana State Police Policy, P.O. 209, Complaints and Administrative Investigations.

Louisiana Department of Public Safety and Corrections, Public Safety Services
Office of State Police
Office of Motor Vehicles
Title VI and Related Authorities Complaint Form

The Louisiana Department of Public Safety and Corrections, Public Safety Services, Title VI Policy Statement is made available in the following locations:

- Department website
- Hard copy in the headquarters office
- Title VI Program Compliance Plan

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Cell or 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
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Low-income <input type="checkbox"/> Limited-English Proficiency <input type="checkbox"/> Age <input type="checkbox"/> Sex				
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 discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form or a separate sheet of paper.				
_____ _____				
Section IV				
Have you previously filed a Title VI 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?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
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

If this complaint is related to an action of the Office of Motor Vehicles, please submit this form in person or by mail as follows:

LA OMV, Title VI Coordinator 7979 Independence Blvd., Ste. 307 Baton Rouge, LA 70806 Telephone Number: (225) 925-3639	
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If this complaint is related to an action of the Office of State Police, please submit this form in person or by mail as follows:

LSP, Title VI Coordinator 7979 Independence Blvd., Ste. 307 Baton Rouge, LA 70806 Telephone Number: (225) 925-3639	
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