Title VI/Nondiscrimination Complaint Form

Thank you for completing this complaint form. The Shreveport Airport Authority is committed to ensuring that no person is excluded from participation, denied benefits of, or subjected to discrimination at the Airport.

The following information is necessary to assist us in processing your complaint. If you require assistance completing this form, please contact the Title VI Coordinator by calling 318-673-5366 or emailing lisa.clark@shreveportla.gov. Complaints must be filed within ninety (90) days of the alleged incident.

Complainant Information

Name

Phone Number(s)

E-mail

Street Address

City, State, Zip & Country

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

Name

Street Address

City, State, Zip & Country

Incident Description

Which of the following best describes the reason for the alleged discrimination? *(check one)*

☐ Race ☐ Color ☐ National Origin ☐ Sex

☐ Age ☐ Creed ☐ Religion

Date of Incident (MM/DD/YYYY)

Time of Incident

Location of Incident

Please describe in detail the alleged discrimination and the names of those responsible. Please use the following section and/or attach additional sheets if more space is required.

Why do you think this incident occurred, and how could it have been avoided?

How can this issue be resolved to your satisfaction?

Was there a witness? Please provide contact information including name, address, phone number, and e-mail address if known. Attach additional sheets if needed.

Attach any additional documents you believe supports your complaint.

Additional Information

Have you filed a complaint with any other federal, state, or local agencies? *(check one)*

☐ Yes ☐ No

If you answered "Yes," please provide the following information

Agency

Contact Name

Agency

Contact Name

Signature

I affirm that all information in this complaint is true and complete to the best of my knowledge and belief.

Signature *(Typed Name for Electronic Submittal)*

Date (MM/DD/YYYY)

A staff member will contact you within one week.

AIRPORT USE ONLY

Date Received (MM/DD/YYYY)

Received By

The completed form may be submitted to:

Shreveport Airport Authority
Title VI Coordinator
5103 Hollywood Ave, Ste 300
Shreveport, LA 71109-7764

-or-

lisa.clark@shreveportla.gov