

**Louisiana Department of Public Safety and Corrections, Public Safety Services
Office of State Fire Marshal
Title VI Complaint Procedure**

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

- Department Website
 - Hard copy in the headquarters office
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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, Public Safety Services, Office of State Fire Marshal (LADPS)**, receives Federal assistance from the United States Department of Homeland Security Transportation, may file a complaint by completing and submitting the agency's Title VI and Related Authorities Complaint Form. A written complaint must be filed with LADPS no later than 180 days after the date of the alleged discrimination occurred.

Once the complaint is received by the **Title VI Coordinator within LADPS**, the complainant will receive an acknowledgement letter informing her/him whether or not the complaint will be investigated. Investigations will be initiated within 30 days of 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.

<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 State Fire Marshal, please submit this form in person or by mail as follows:

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