SPORTRAN
Shreveport Transit Management, Inc.
P.O. Box 7314 • Shreveport, LA • 71137-7314
(318) 673-7400 • Fax (318) 673-7424
www.sportran.org

Title VI Complaint Form
Shreveport Transit Management, Inc. (SPORTRAN)

SPORTRAN is committed to ensuring that no person is excluded from participating in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act if 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint.
Complaint Form Instructions: If you would like to submit a Title VI complaint to Shreveport Transit Management, Inc., (SPORTRAN), please fill out the form below and send it to: SPORTRAN, Attn: Title VI Coordinator, 1115 Jack Wells Blvd., Shreveport, Louisiana 71107. For questions or a full copy of SPORTRAN's Title VI policy and complaint procedures call 318-673-7400, visit www.sportran.org or email: info1@sportran.org.

<table>
<tr><td>Your Name:</td><td>Phone:</td></tr>
<tr><td rowspan="2">Street Address:</td><td>Alternate Phone:</td></tr>
<tr><td>City, State & Zip Code:</td></tr>
<tr><td colspan="2">Person(s) discriminated against (if someone other than complainant):

Name(s):</td></tr>
<tr><td colspan="2">Street Address, City, State & Zip Code:</td></tr>
</table>

Which of the following best describes the reason for the Alleged discrimination that took place? (Circle one) Date of Incident: _____

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all SPORTRAN employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

_____

_____

Complete reverse side of form

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one)
Yes / No If so, list agency/agencies and contact information below:

Agency: Contact Name:
Street Address, City, State & Zip Code: Phone:

Agency: Contact Name:
Street Address, City, State & Zip Code: Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature: Date:

Print or Type Name of Complainant

Date Received: _____

Received By: _____