

TITLE VI AND LANGUAGE ASSISTANCE PUBLIC NOTICES

I. TITLE VI

The Coastal Protection and Restoration Authority (CPRA) of Louisiana gives public notice of its policy to uphold and assure full compliance with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964 and related non-discrimination authorities. These Federal laws prohibit discrimination on the basis of race, color, national origin, limited English proficiency (Title VI of the Civil Rights Act of 1964 and Executive Order 13166); sex (Title IX of the Education Amendments of 1972); disability (Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990); and age (the Age Discrimination Act (42 U.S.C. § 6101 *et seq.*)), in activities receiving federal financial assistance.

Pursuant to Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and other nondiscrimination authorities, it is the policy of CPRA that: Discrimination on the basis of race, color, national origin, limited English proficiency, sex, disability, and/or age shall be prohibited in all programs or activities administered by CPRA.

Any person who believes they have been discriminated against based on race, color, national origin, limited English proficiency, sex, disability and/or age, may file a formal complaint by writing a letter or completing the discrimination complaint form. See Attachment A.

If you write your own letter, please ensure the following information is included:

- The complainant's name, address and, if possible (although not required), a telephone number where the complainant may be reached during business hours;
- Information about the person(s) or class of persons injured by the alleged discriminatory act(s) (names of the injured person(s) are not required);
- The name and location (city and state) of the program or activity that committed the alleged discriminatory act(s); and
- A description of the alleged discriminatory act(s) in sufficient detail to enable CPRA to understand what occurred, when it occurred, and the basis for the alleged discrimination. The complaint must be signed and dated by the complainant or by someone authorized to do so on his or her behalf. The letter or form may be submitted by mail, fax, or email:

Coastal Protection and Restoration Authority
Attn: Executive Director
P.O. Box 44027
Baton Rouge, LA 70804-4027
Email: coastal@la.gov
Fax: 225-342-9417

II. LANGUAGE ASSISTANCE

Persons who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English can be limited English proficient (LEP). In order to allow LEP persons to have meaningful access to CPRA's programs, services and information at no cost to them, language assistance may be provided in an appropriate form, including direct foreign language communication by fluent bilingual staff, oral interpretation services conducted in person or via telephone by qualified interpreters or written translation provided by qualified interpreters. Any person requesting foreign language assistance should contact:

Las personas que no hablan inglés como su idioma principal y que tienen capacidad limitada de leer, hablar, escribir y/o entender inglés, serán clasificados como personas con conocimiento limitado en inglés. A fin de permitir que las personas con conocimiento limitado de inglés tengan acceso completo a los programas, servicios e información del Departamento de Coastal Protection y Restoration Authority de Louisiana (CPRA) sin costo para ellos, asistencia lingüística se podría proveer de manera adecuada. La comunicación sería realizada en el idioma principal por personal bilingüe, o servicios de interpretación oral realizados en persona o por teléfono por intérpretes calificados, o traducción escrita proporcionada por intérpretes calificados. Cualquier persona que solicite asistencia en idioma extranjero deberá comunicarse con:

Coastal Protection and Restoration Authority
Attn: Director, Outreach and Engagement
P.O. Box 44027
Baton Rouge, LA 70804-4027
Phone: 225-342-0168
Email: coastal@la.gov
Fax: 225-342-9417

Requests for language assistance should be provided sufficiently in advance of a need to allow arrangements to be made. At a minimum, requests should be made five (5) business days in advance.

Las solicitudes de asistencia lingüística deberán ser proporcionadas con 5 días de anticipación.

Nothing herein shall alter any complainant's ability to file a complaint directly with the appropriate federal assistance agency in accordance with the federal agency's Title VI regulations.

ATTACHMENT A: DISCRIMINATION COMPLIANT FORM

You do not have to use this form to file a complaint with the Louisiana Coastal Protection and Restoration Authority (CPRA). You may send CPRA a letter or e-mail instead of this form, but the letter or e-mail must include the information in items 1-5 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

1. Name of person filing this complaint:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

Signature: _____ Date: _____

2. Name of person discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and their written consent before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on their, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

3. CPRA investigates discrimination complaints made against its federally assisted programs and activities. Please identify the program or activity that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Program/Activity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other Information: _____

4. The regulations that CPRA prohibits discrimination against are on the basis of race, color, national origin, limited English proficiency, sex, disability, age, and/or retaliation. Please indicate the basis of your complaint:

- Discrimination based on race (specify): _____
- Discrimination based on color (specify): _____
- Discrimination based on national origin (specify): _____
- Discrimination based on limited English proficiency (specify): _____
- Discrimination based on sex (specify): _____
- Discrimination based on disability (specify): _____
- Discrimination based on age (specify): _____
- Discrimination based on other (specify): _____
- Retaliation (specify): _____

5. Please describe each alleged discriminatory/retaliatory act. For each action, please include the date(s) the discriminatory/retaliatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination/retaliation was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination/retaliation.

Signature: _____ Date: _____