

PONTCHARTRAIN CONSERVANCY (PC) GRIEVANCE FORM

Please return the completed form within 30 days of this date: _____. Please enter information in all blanks and, if any are not applicable, mark "NA." Thank you.

Full Name (please print clearly): _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

E-mail address (if you have one): _____

Telephone Number: ___ - ___ - _____

Alternate Telephone Number: ___ - ___ - _____

Best Way to Reach You, (check one): Mail _____ Telephone _____ E-mail _____

If telephone, which time of day is best to reach you? _____

1. Who do you believe discriminated against you? (Use additional pages if needed) Name(s) of person(s) involved in the alleged discrimination (if known): _____

2. What happened to you? (Use additional pages if needed)

3. When did this occur?

Month _____ Date _____ Year _____ Time _____

If this occurred more than once, please provide the other date(s) and time(s):

4. What is the address of the location where this occurred?

Number and street or nearest intersection of streets: _____

City _____ State _____ Zip Code _____

5. Remedies: How would you like to see this complaint resolved?

Signature: _____ Date: _____

If one or more additional pages accompany this form, show the number here: _____

Mail or Email this completed form to: Frank Martinez, PC Civil Rights Coordinator, P.O. Box 6965, Metairie, LA 70009-6965; -grievance@scienceforourcoast.org.