



**Southern University Ag Center's Cooperative Extension Program  
Discrimination Complaint Form**

Remit to Completed form to:  
Office of Compliance  
P.O Box 10010  
Baton Rouge, LA 70813  
225-771-4046

This form may be used if you believe you have experienced discrimination in any SU Ag Center program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age and marital status, family/parental status, income derived from public assistance programs or political beliefs.

Complainant Information				
First Name:		Middle Initial:		Last Name:
Mailing Address:				
Primary Phone Number:		Alternate Phone Number		Email:
Best way to reach you:		Mail	Phone	Email Other
Complaint Information				
Date of alleged discrimination: (mm/dd/yyyy)			Location and/or address of the office where discrimination occurred:	
Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known)				
What happened to you? (please include dates of each allegation)				
It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age and marital status, family/parental status, income derived from public assistance programs or political beliefs.  I believe I was discriminated against based on:				
Remedy				
How would you like to see this complaint resolved?				

\_\_\_\_\_  
**Complainant**

\_\_\_\_\_  
**Date**