



City of Baton Rouge, Parish of East Baton Rouge
Department of Human Resources
Employee Relations Division
Americans with Disability Act (ADA) Complaint Form

Complainant Information (Non City-Parish Employees)

Name: _____
First Middle Initial Last

Home Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Facsimile: _____

Please mark a in the appropriate box:

I am a City of Baton Rouge Resident Non City of Baton Rouge Resident

Please mark a in the appropriate box:

I am a City-Parish Employee Non City-Parish Employee

Have you contacted any other agency regarding this complaint? Yes No

If yes, Name of agency: _____ Date of Contact: _____

The Mayor's ADA Task Force mission is to assist in the investigation and timely resolution in alleged disability access problems and alleged disability discrimination issues encountered by citizens and other persons within the City of Baton Rouge, Parish of East Baton Rouge. Access issues generally fall into one of two categories. Please let us know which category best describes your issue by placing a mark in the appropriate box:

Programmatic Access: Example- As a direct result of your disability, and in order to obtain city benefits or services, you requested a reasonable accommodation or modification of an existing policy or procedure, or you were denied city benefits or services, because of a disability.

Architectural Access: Example- A wheelchair ramp is needed, or counters and phones are not at a sufficient height for wheelchair users

In the space below, provide a description of the alleged access problem, discrimination or violation (s); including the name of the specific person (s), facilities, and/or program (s) you believe is responsible. (You may attach additional sheets of information if more space is needed.)

Date of the alleged access problem, discrimination or violation (s): _____

What would you like the ADA Task Force to do as a result of your complaint?

Witnesses Information

Name: _____
First Middle Initial Last

Home Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Facsimile: _____

May we contact the witness (es)? Yes No

Complainant Acknowledgement:

I certify that the information provided is accurate to the best of my knowledge. I understand and consent to the disclosure of information contained in this complaint to appropriate task force members, and witnesses interviewed for the purpose of investigating this complaint.

Complainant Signature: _____ Date: _____

Once completed, the form may be mailed, faxed or hand delivered to:

**City of Baton Rouge, Parish of East Baton Rouge
Department of Human Resources
Employee Relations Division/ADA Task Force
Attention: Micheline D. Millender
1755 Florida Street
Baton Rouge, Louisiana 70802
Fax: (225) 389-5314**

For Internal Use Only

Received by:	Case No:
Receipt date:	Review date: