

## City of Lake Charles

### ADA Discrimination Complaint Form

Your Name	Phone	Name of Person (s) who discriminated Against You
Your Address (Street No., P.O Box, Etc.)		Location and Position of Person (If known)
Your City, State, Zip		City, State, Zip of Alleged Incident
Discrimination Because of ___ Disability  Other factor: ___ Race/Color ___ Sex ___ Age ___ National Origin ___ Income Staus ___ Retaliation		Date of Alleged Incident
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and witnessed the discrimination. Be sure to include how other persons were treated differently than you. Attach any written material pertaining to your case.		
Signature:		Date:
Please return this form to: City of Lake Charles Title VI & ADA Coordinator 326 Pujjo Street, 5 <sup>th</sup> Floor Lake Charles, La 70601		Ph: (337) 491-1440 Fx: (337) 491-1437