

What would you like the ADA Coordinator 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 Court staff 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:

**19th Judicial District Court
300 North Boulevard
Suite 3602
Attn: ADA Coordinator
Baton Rouge, Louisiana 70801
Fax: (225) 389-4774**

For Internal Use Only

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