

## MLU's ADA Complaint Form

<b>Section I:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone (Home):</b>	<b>Telephone (Work):</b>	
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party: _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
<b>Section III:</b>		
Describe how your rights were violated.		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

You may attach any written materials or other information that you think is relevant to your complaint. You may send the form to 5400 Operations Rd., Monroe, La 71203. Attn: ADA Coordinator

Signature and date required below.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date