

FOR OFFICE USE ONLY Date Received Case Number

COMPLAINT
DISCRIMINATION / CIVIL RIGHTS POLICY

Return signed form, including additional pages or documents, to:	Attn: Chief Administrative ADA District Attorney's Office Justice Center 701 N. Columbia Street Covington, LA 70433
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This Complaint form is not designed for the correction of specific rights violations, but is instead to request corrective or disciplinary action for failure to provide services required by law and the policy of the District Attorneys Office.

All complaints must be submitted within sixty (60) days of the complaint knowledge of a violation by the District Attorney Office employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the District Attorney's Office in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

<input type="checkbox"/> Employee	<input type="checkbox"/> Attorney representing victim
<input type="checkbox"/> Victim	<input type="checkbox"/> Other representative (describe) _____

Name and phone number and of person completing this form.

Are you represented by an attorney in this complaint? Yes No

If yes, please provide the attorney's name and contact information. All future contacts regarding this complaint will be made through the attorney.

1. PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:	
Title: Mr. ___ Mrs. ___ M s. ___ Miss ___ Other ___			
Street Address:			
City:	State:	Country:	Zip Code:
Home Telephone No:	Work Telephone No:	Cell Phone No:	
Email Address:			

2. INFORMATION ABOUT THE YOUR COMPLAINT

What is the location and name of the office(s) for the District Attorney's Office that is/are the subject of your complaint?

Is your complaint against a specific person in that office? Yes No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the services or right(s) about which you are complaining.

The information set forth herein is true and correct to the best of my knowledge.

Signature: _____
(Must be signed by Complainant)

Date: _____

If you are under 18 years of age, incompetent incapacitated, or deceased, this form must be signed by the Legal Guardian of the complainant's estate, family member, or any other person appointed by the court. Please check all that apply to the complainant:

Under 18 years of age

Incapacitated

Incompetent

Deceased

Signature: _____

Date: _____