

**Americans with
Disabilities Act Section
504 of the
Rehabilitation Act of
1973**



Grievance Report

This Grievance Procedure is established to meet the requirement of the Americans with Disabilities Act. It may be used by anyone who desires to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Baker, LA.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to the ADA Coordinator:

*Rebecca Bond
ADA Coordinator
City of Baker
3325 Groom Road
Baker, LA 70714
225-364-6041-cell
225-778-0300-main
rbond@cityofbakerla.com*

Within 15 calendar days after receipt of the complaint, the ADA coordinator will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ADA Coordinator will respond in writing, and, where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position and offer options for the resolution of the complaint.

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the ADA Coordinator within 15 calendar days after receipt of the response to the City of Baker, Office of the Mayor.

Within 15 calendar days after receipt of the appeal, the Office of the Mayor, or a designee appointed to represent them, will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting,

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a response will be made in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints and appeals received and all responses thereto will be kept by the City of Baker, LA for no fewer than three years.

Instructions:

Please fill out this form completely.

Sign and submit through the online form or you may return a printed copy to the address on the last page by email, mail, or in person.

If you need accommodation to complete or submit this form, please contact the ADA Coordinator as indicated on this form.

- a. Complainant: _____
 - b. Name: _____
 - c. Primary Address: _____
 - d. City: _____
 - e. State: _____
 - f. Zip Code: _____
 - g. Telephone: Home: _____
 - h. Telephone: Business: _____
2. Person Discriminated Against: (if other than the complainant):
- a. Name: _____
 - b. Address: _____
 - c. City: _____

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- d. State: _____
 - e. Zip Code: _____
 - f. Telephone: Home: _____
 - g. Telephone Business: _____
3. Department or person which you believe has discriminated (if known):
- a. Name or Department: _____
 - b. Address: _____
 - c. City: _____
 - d. State: _____
 - e. Zip Code: _____
 - f. Telephone Number: _____
4. When did the discrimination occur? _____
5. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:
- _____
- _____
- _____
- _____
- _____
- _____

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6. Have efforts been made to resolve this complaint?

a. Yes No

i. Please describe the efforts, including what steps have been taken and the grievance status.

ii. Description:

7. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

a. Yes No

b. If yes:

i. Agency or Court: _____

ii. Contact Person: _____

iii. Address: _____

iv. City, State, and Zip Code: _____

v. Telephone Number: _____

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vi. Date Filed: _____

8. Do you intend to file with another agency or court?

a. Yes No

b. If yes:

i. Agency or Court: _____

ii. Street Address: _____

iii. City: _____

iv. State _____

v. Zip Code: _____

vi. Telephone Number: _____

vii. Additional comments or information:

9. Typed or Printed Name: _____

10. Signature: _____

11. Date: _____

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Upon completion, this form will automatically be routed to:

Rebecca Bond
ADA Coordinator
City of Baker

You may also return a copy of the completed form to:

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ADA Coordinator
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Baker, LA 70714
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rbond@cityofbakerla.com

For inquiries or more information please contact:

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ADA Coordinator
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