

**Louisiana Department of Social Services  
Electronic and Information Technology Accessibility Compliance Feedback Form**

<b>1.</b>	<b>Name of respondent</b>	
	<b>Address</b>	
	<b>Phone</b>	

<b>2.</b>	<b>Person Authorized to Provide Feedback</b>	
	<b>Name</b>	
	<b>Address</b>	
	<b>Phone</b>	
	<b>Relationship to respondent</b> (spouse, attorney, friend, etc.)	

<b>3.</b>	<p><b>Nature of Issue/Problem</b> (Describe the nature of the issue/problem including when it occurred and how access was denied.</p> <p>Identify or describe the electronic and information technology that is not accessible (web site address; location of system or equipment; type of system or equipment; and the accessibility standard(s) which has not been met, if known.</p> <p>Attach additional pages if necessary.)</p>	
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<b>4.</b>	<b>Submit completed form to:</b>	LA Department of Social Services Bureau of Civil Rights P.O. Box 3496 Baton Rouge, LA 70821 (225) 342-2700
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>5.</b>	<b>Feedback Processing</b>		
	Notice sent to respondent	<input type="checkbox"/> Yes	Date Sent: <input type="checkbox"/> No
	Referred to:		
	Disposition		

***"LA DSS is an equal opportunity provider and employer."***