

**BALDWIN PUBLIC LIBRARY**  
**ACCESSIBILITY COMPLAINT FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF THE DEPARTMENT AND/OR EMPLOYEE AGAINST WHOM THE COMPLAINT IS FILED:

\_\_\_\_\_

DESCRIPTION of the action or treatment which you think was discriminatory. Include information about who, what, when, where, how, why and the names, addresses and phone numbers of any witnesses, if you know them. You may write this on another sheet of paper if you need more room.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE RESOLUTION OR ACCOMMODATION DESIRED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Send completed form to:  
Baldwin Public Library Administration  
300 W. Merrill Street, Birmingham, MI 48009  
(248) 647-7339