



# Office of Congressional Workplace Rights

## AMERICANS WITH DISABILITIES ACT (ADA) INSPECTION FORM

<p><b>See instructions for filling out this form below (page 5). Attach additional sheets if needed, numbered according to the box(es) to which they pertain.</b></p> <p>FORM 1331</p>	<p><b>DO NOT WRITE IN THIS SPACE</b></p>
	<p>Case No.</p>
	<p>Date Filed</p>
<p><b>1.</b> I am requesting this inspection because I believe that access to a public service, program, activity, accommodation, or facility covered by the Congressional Accountability Act has been or is being denied to persons with disabilities.</p> <p>I wish to remain anonymous.</p> <p>I do not wish to remain anonymous.</p> <p><i>Note: If you wish to remain anonymous, your name will not be revealed to others unless the Office of Congressional Workplace Rights (OCWR) is explicitly notified in writing.</i></p>	
<p><b>2A.</b> Do the barriers to access described below (page 2) continue to exist?</p> <p>Yes</p> <p>No</p> <p>I do not know.</p>	<p><b>2B.</b> If they continue, how often is access being denied?</p> <p>Continually</p> <p>Other frequency</p> <p>Please define the frequency:</p> <p>I do not know.</p>
<p><b>3A.</b> Name of individual filing this request:</p> <p>Office:</p> <p>Address:</p> <p>Tel. #: Ext.</p> <p>Fax #:</p> <p>E-mail:</p>	<p><b>3B.</b> Contact person(s) from these offices, if known.</p> <p>Contact person:</p> <p>Address:</p> <p>Tel. #: Ext.</p> <p>Fax #:</p> <p>E-mail:</p> <p><i>Note: If you need to list additional points of contact, please attach additional sheets, numbered accordingly.</i></p>

**4. Description of how access is being denied.** Describe the public service, program, activity, accommodation, or facility, and explain how access has been or is being denied to persons with disabilities. Please provide as much information as you can about the problems encountered, including a description of the barriers encountered (such as problems entering a building or area, communication difficulties, or any other ways participation in or use of the service, program, activity, or accommodation was limited) and the location (building name, street address, room number, or area) where access was denied to persons with disabilities, if applicable. Additional or supporting information may be attached if needed, numbered accordingly.

Date(s) problems were encountered:

5. Have you told anyone affiliated with the responsible office(s) about the problems encountered?

Yes

No

If you answered yes, please describe who was contacted, how contact was made (i.e., in person or by telephone, e-mail, or letter), and what information was exchanged.

6. Are you the person with a disability who was denied access in the manner described above?

Yes

No

Optional: If you answered no, please describe why you have filed this request (e.g., concerned member of the public, affiliated with a disability rights group, caregiver, related to a person with a disability, etc.).

## Signature

**By providing my name below, I certify under penalty of perjury that the foregoing is true and correct to the best of my information and belief.**

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**Name (please print or type)**

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**Signature**

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**Date**

Please provide the following contact information:

Mailing Address:

Work Tel. #:

Ext.

Personal Tel. #:

Work e-mail:

Personal e-mail:

*Note: The address provided will be used for providing you with correspondence and OCWR findings. It will not be shared if anonymity is requested.*

**Please e-mail completed forms to [ADAaccess@ocwr.gov](mailto:ADAaccess@ocwr.gov) (preferred); or hand-deliver to Room LA-200, John Adams Building, 110 Second Street SE, Washington, DC 20540-1999; or fax to (202) 426-1913.**

## INSTRUCTIONS FOR COMPLETING ADA INSPECTION FORM 1331

This form is for the purposes of filing a request if you know or believe that access to a public service, activity, accommodation, or facility covered by the Congressional Accountability Act (CAA) has been or is being denied to persons with disabilities. If you are the person with a disability who is being denied access, the Office of Congressional Workplace Rights (OCWR) will consider your request for inspection as a charge of discrimination under Section 210 of the CAA, which is the section of the CAA that applies the public access provisions (Titles II and III) of the Americans with Disabilities Act (ADA) to the legislative branch.

Any public service, program, activity, accommodation, or facility provided by the following entities are covered by the CAA: an office of the U.S. Senate, including each office of a Senator and each committee; an office of the U.S. House of Representatives, including each office of a Member of the House of Representatives and each committee; a joint committee of the Congress; the United States Capitol Police; the Office of Congressional Accessibility Services; the Congressional Budget Office; the Office of the Architect of the Capitol (including the Botanic Garden); the Office of Attending Physician; the Office of Congressional Workplace Rights; and the Library of Congress. In addition, the Government Accountability Office and the Government Publishing Office are required to comply with Titles II and III of the ADA even though they are not covered by Section 210 of the CAA (see 42 U.S.C. § 12209).

### **Instructions for filling out numbered boxes**

**#1.** If you wish to remain anonymous, please check the appropriate box on the form. Your name will not be revealed to anyone outside of the OCWR, unless the OCWR is explicitly notified in writing. There may be reasons to later decide to waive anonymity even though you initially requested it on the form. For example, if you are a person with a disability who is seeking redress for a particular incident where access was denied to you, although you initially requested anonymity, you may later decide to authorize the OCWR to reveal your name to the entity who denied you access in order to obtain the relief you are requesting.

**#4A.** Please indicate the name of the office providing the program, service, activity, or accommodation. If the problem encountered is related to a physical barrier existing in a facility, name the office responsible for furnishing, designing, and maintaining the facility, if known. If you do not know the name of the responsible office(s), you may leave this section blank, and the OCWR will determine the responsible office(s) based upon the other information provided.

**#5.** If the responsible office is aware of the problems encountered, please answer this question “yes,” identify who you contacted, how you made contact (i.e., in person or by telephone, e-mail, or letter), and describe what information you provided and what information was provided to you.