

Procedure Type: District Staff

Procedure Title: ADA Complaint Form for Students

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide a complaint form for students regarding the Americans with Disabilities Act.

Name of Complainant \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you discussed this issue with the Coordinator of the Learning Assistance Laboratory and the Director of Learning Resources? Please do this as the first step toward resolution. \_\_\_\_yes \_\_\_\_no

Nature of Complaint: Describe the alleged problem or area of non-compliance. Use additional paper if needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of alleged violation(s) \_\_\_\_\_

Describe any corrective actions that you think would resolve this complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the Director of Human Resources, ADA/504 Compliance Officer, Student Services/Administration Building, Room A-138. (NOTE: The following section is to be completed by the ADA Compliance Officer.)

Complaint Received By: \_\_\_\_\_ Date \_\_\_\_\_

1. Was the accommodation requested at least 10 business days prior Yes No NA to the first day of class?
2. Was acceptable documentation submitted as required? Yes No NA
3. Was the accommodation request appropriate based on documentation? Yes No NA
4. Was the accommodation reasonable? Yes No NA
5. Did the accommodation provide undue hardship? Yes No NA

What Action Will Be Taken:

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ADA Compliance Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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\* (NOTE: The following section is to be completed by the President)

Complaint Received By: \_\_\_\_\_ Date \_\_\_\_\_

What Action Will Be Taken:

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President's Signature \_\_\_\_\_ Date \_\_\_\_\_