

MONROE COUNTY COMMUNITY COLLEGE

Americans with Disabilities Act (ADA)
Complaint Form for Students

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 to the first day of class? Yes No NA
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: _____

ADA Compliance Officer's Signature _____ Date _____

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

Complaint Received By: _____ Date _____

What Action Will Be Taken: _____

President's Signature _____ Date _____