

MONROE COUNTY COMMUNITY COLLEGE
AMERICANS WITH DISABILITIES ACT (ADA)
COMPLAINT FORM FOR MEMBERS OF THE PUBLIC

Name of Complainant: _____ Phone _____

Address: _____

Have you discussed this issue with the Dean of Corporate and Community Services? 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) 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 _____

Decision: _____

ADA Compliance Officer's Signature _____ Date _____