

Procedure Type: District

Procedure Title: ADA Complaint Form for Members of the Public

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide members of the public with an Americans with Disabilities Act (ADA) complaint form.

Name of Complainant: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Have you discussed this issue with the Executive Director of Human 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) 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 Executive Director of Human Resources, ADA/504 Compliance Officer, Student Services/Administration Building, Room S -152A.

(Note: The following section is to be completed by the ADA Compliance Officer.)

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

Date

Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADA Compliance Officer's Signature

Date