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______________

10-03