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 ___________