Procedure 1.65(e)

Procedure Type: District Staff

Procedure Title: ADA Complaint Form for Students

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide a complaint form for students regarding the Americans with Disabilities Act.

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 Yes No NA to the first day of class?
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______________

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* (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; 7-12-21(Format updated 4/22)