Procedure 1.65(j)

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 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: _____________________________________________________________

Decision: ________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

ADA Compliance Officer’s Signature ____________________ Date ______________

10-03 (Format Updated 4/22)