

Confidential

Lane Community College Americans with Disabilities Act (ADA) Complaint Form

Individuals protected by the Americans with Disabilities Act with concerns/complaints about Lane Community College's ADA compliance should fill out this form and submit it to one of the ADA compliance officers listed in Appendix D of the Student Code Handbook.

Name: _____ Telephone: (____) _____ - _____

Address: _____

CHECK ONE: student employee job applicant other

Description of Disability: _____

Description of barriers to services, programs, facilities or employment: _____

Describe any contacts made with Lane Community College representatives regarding this problem:

Describe the remedy or accommodation requested: _____

SIGNATURE OF COMPLAINANT: _____ DATE: _____

SIGNATURE OF PREPARER: _____ DATE: _____
(If not Complainant)

You will be contacted within five working days of receipt of this form.