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. If the ADA Complaint Form is not fully completed and signed, the complaint will be denied.

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.