Informal Complaint Form

This section is to be completed by the person filing the complaint.
Describe what happened, why you are dissatisfied with any previous problem resolution effort, and how you would like the problem resolved. Use as much detail as necessary (dates, names etc.) and attach any documents that will help us understand the issues. Contact the Center for Accessible Resources (CAR) at: accessibleresources@lanecc.edu or phone at (541) 463-5150 with questions. Responses will happen by email within 7 business day upon receipt by CAR.

For more information on CAR complaint procedures visit:www.lanecc.edu/disability/grievances

Name: _____________________________________________

L#: __________________________

Address:
Street____________________________ City___________ State____ Zip__________

Telephone: __________________________

May we leave a message: Yes  No

Email: ____________________________________________ (required)

Type of complaint (check all that apply):
☐ Accommodation:
Type of accommodation:
☐ Accessible Technology
☐ Alternate Format
☐ Equipment
☐ Furniture
☐ In-class
☐ Service Provider
☐ Testing
☐ Staff:
Name of staff: ________________________________________
Date of incident(s): ____________________________________________________________

Location of incident(s): ______________________________________________________

Description of incident(s): ___________________________________________________________________

(Attach additional pages if necessary)

Please list the names and contact information of other persons with information about this complaint:
Name: __________________________________________________________________________
Email: __________________________ Telephone: __________________________

Name: __________________________________________________________________________
Email: __________________________ Telephone: __________________________

Name: __________________________________________________________________________
Email: __________________________ Telephone: __________________________

Signature: _______________________________________________________________________

Return this form to the Center for Accessible Resources:
Building 19 Room 231
4000 E 30th Av, Eugene, OR 97405 or FAX: (541) 463-4739
To request this information in an alternate format please contact the Center for Accessible Resources at (541) 463-5150 or accessibleresources@lanecc.edu

Office Use Only:
Date received: ________________ Received by: _______________________________

To request this information in an alternate format, please contact the Center for Accessible Resources at (541) 463-5150 or accessibleresources@lanecc.edu

Lane Community College complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities.