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
Date of incident(s): ____________________________________________________________

Location of incident(s): ________________________________________________________

Description of incident(s): ____________________________________________________

Desired Outcome: ______________________________________________________________

(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: _____________________
Name: _____________________________________________________________________
Email: ______________________________ Telephone: _____________________
Signature: __________________________________________________________________

Return this form to the Center for Accessible Resources:
Building 19 Room 263A
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

It is a policy of the state Board of Education and a priority of the Oregon Department of Education that there will be no discrimination and harassment on the grounds of race, color, sex, sexual orientation, marital status, religion, national origin, age, or disability in any educational programs, activities or employment. Inquiries may be directed to the Chief Human Resource Officer, (541) 463-5115.