

## Website Accessibility Complaint Form

Complaint Date: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website address or location of accessibility problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Solution desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may be contacted if more information is necessary in order to investigate the complaint. The investigation is typically completed within fifteen (15) school days from the date it was received.

Signature: \_\_\_\_\_