

EXHIBIT

Descriptor Code: ABDA-EI

WEBSITE ACCESSIBILITY COMPLAINT AND GRIEVANCE FORM

Date of Complaint/Grievance _____

Complainant Name: _____

Address: _____

Email: _____

Phone: _____

Website address (or location) of accessibility problem: _____

Description of the problem encountered: _____

Solution desired: _____

Thank you for bringing this matter to the District's attention. You may be contacted if more information is needed to process your complaint/grievance. The investigation process is typically completed within fifteen (15) working days from the date it was received.

Signature: _____