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: ______________________________________________________