Highland Community College
Americans with Disabilities Act (ADA) Complaint Form

Individuals protected by the Americans with Disabilities Act with concerns/complaints about Highland Community College’s ADA compliance should fill out this form and submit it to one of the ADA compliance officers listed under the ADA and 504 COMPLIANCE section on the ADA Services web page.

Name: ___________________________ Telephone: (____) _______

Address: ________________________________________________________________

________________________________________________

CHECK ONE: [ ] student [ ] employee [ ] job applicant [ ] other

Description of Disability:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Description of barriers to services, programs, facilities or employment:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Describe any contacts made with Highland Community College representatives regarding this problem:

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______________________________________________________________________

______________________________________________________________________

Describe the remedy or accommodation requested:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

SIGNATURE OF COMPLAINANT: __________________________ DATE: __________

SIGNATURE OF PREPARER: __________________________ DATE: __________

Courtesy of Lane Community College