

ADA COMPLAINT FORM

SECTION 1: COMPLAINANT'S INFORMATION

Complainant's Name: _____ Campus Name: _____

Complainant is (*check only one*): ☐ Employee ☐ Student ☐ Job Applicant ☐ Visitor / Public

Complainant's Banner (U) Number if Employee or Student: _____

Complainant's Address: _____

Complainant's Email Address: _____ Complainant's Phone #: _____

SECTION 2: ACCESSIBILITY ISSUE (*Attach a separate sheet if additional space is needed*)

A. Please check which description below best describes your complaint or accessibility issue.

- ☐ Application/Testing/Interview Process for Employment
☐ Accessibility of a Program, Service, or Activity of the Southern University System (includes building and website complaints)

B. Please describe the nature of your Americans with Disabilities Act (ADA) complaint or accessibility issue in detail by describing the date, time, and location if appropriate.

Complainant's Signature: _____ Date: _____

Please return the completed form to the respective ADA Coordinator.