

**Website Accessibility [Complaint/Request] Form**

Date of [Complaint/Request]: \_\_\_\_\_

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 University's attention. You may be contacted if more information is needed to process your complaint/request. The investigation process is typically completed within fifteen (15) working days from the date it was received.

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