

**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: \_\_\_\_\_