

Informal Complaint Form

This section is to be completed by the person filing the complaint.

Describe what happened, why you are dissatisfied with any previous problem resolution effort, and how you would like the problem resolved. Use as much detail as necessary (dates, names etc.) and attach any documents that will help us understand the issues. Contact the Center for Accessible Resources (CAR) at: accessibleresources@lanecc.edu or phone at (541) 463-5150 with questions. Responses will happen by email within 7 business day upon receipt by CAR.

For more information on CAR complaint procedures visit: www.lanecc.edu/disability/grievances

Name:			L#:	
Address:				
Street		City	State	Zip
Telephone:			May we leave a me	ssage: Yes/No
Email:				(required)
Type of complaint	(check all that apply):			
□Accommodation:				
Type of acco	ommodation:			
	☐Accessible Technology		□In-class	
	☐Alternate Format		☐Service Provider	
	□Equipment		□Testing	
	□Furniture			
□Staff:				
Name of sta	ff:			

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Date of incident(s):	
Location of incident(s):	
Description of incident(s):	
(Attach additional pages if nec	essary)
Please list the names and co about this complaint:	ontact information of other persons with informatio
Name:	
Email:	Telephone:
Name:	
Email:	Telephone:
Name:	
Email:	Telephone:
Signature:	
	er for Accessible Resources: Building 1 Room 218 Eugene, OR 97405 or FAX: (541) 463-4739
4000 E 30th AV,	
Γο request this information in a	an alternate format please contact the Center for) 463-5150 or accessibleresources@lanecc.edu
To request this information in a	·

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