

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 message: Yes/No

Email: _____ (required)

Type of complaint (check all that apply):

☐ Accommodation:

Type of accommodation:

☐ Accessible Technology

☐ Alternate Format

☐ Equipment

☐ Furniture

☐ In-class

☐ Service Provider

☐ Testing

☐ Staff:

Name of staff: _____

Date of incident(s): _____

Location of incident(s): _____

Description of incident(s): _____

(Attach additional pages if necessary)

Please list the names and contact information of other persons with information about this complaint:

Name: _____

Email: _____ **Telephone:** _____

Name: _____

Email: _____ **Telephone:** _____

Name: _____

Email: _____ **Telephone:** _____

Signature: _____

Return this form to the Center for Accessible Resources:

Building 19 Room 231

4000 E 30th Av, Eugene, OR 97405 or FAX: (541) 463-4739

To request this information in an alternate format please contact the Center for Accessible Resources at (541) 463-5150 or accessibleresources@lanecc.edu

Office Use Only:

Date received: _____ Received by: _____