



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.

Lined area for detailed description of the complaint.

Complainant's Signature: _____

Date: _____