

**EXHIBIT**

**DESCRIPTOR CODE: ABDA-E1**

**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 with fifteen (15) working days from the date it was received.

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