

Website Accessibility [Complaint/Request] Form

Date of [Complaint/Request]: _____

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/School's] attention. You may be contacted if more information is needed to process your complaint/request. The investigation process is typically completed within fifteen (15) working days from the date it was received.

Signature: _____

Please mail this completed form to:
Etiwanda School District
Attn: Asst. Supt. of Business Services
6061 East Avenue, Etiwanda CA 91739

or FAX to: (909) 803-3022