



ADA/504 Complaint Form

Individuals protected by the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act who have experienced concerns/issues regarding access to services, programs and/or activities at the College of Southern Idaho may complete this form to file a complaint. Upon completion, the form shall be submitted to the Student Disability Services Coordinator or to the Dean of Students.

Name of Complainant: _____ **CSI Student ID#:** _____

Phone: _____ **Address:** _____

The above-named student is filing a complaint related to the following:

Describe all of the barriers to services, programs, facilities or employment that led to the complaint:

Explain the connection between your disability and the barriers you have experienced (include a description of your disability)

List in detail, any and all contacts made with CSI representatives regarding this issue, prior to filing this complaint

Describe the remedy/accommodation/resolution you requested

Signature of Complainant _____ Date _____

Signature of Preparer _____ Date _____

(If not Complainant)