



ADA/504 Complaint Form

Individuals protected by the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act who have experienced concerns/complaints regarding access to services, programs and activities with the College of Southern Idaho may complete this form. Upon completion the form shall be submitted to Candida Darling, Coordinator of Student Disability Services, in Taylor 272 (732-6260) or Scott Scholes, Dean of Student Services, in Taylor 146 (732-6255).

Name: _____ **Phone:** _____

Address: _____

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

Description of Disability

Describe all barriers to services, programs, facilities or employment

Describe any and all contacts made with CSI representatives regarding this complaint

Describe the remedy/accommodation/resolution requested

Signature of Complainant _____ Date _____

Signature of Preparer _____ Date _____

(If not Complainant)