Office of Disability Services and Resources
ADA APPEAL / COMPLAINT FORM

Name: _____ A Number: _____

Address: _____ City:_____ Zip: _____

Phone: _____ Cell Phone: _____

Personal E-mail: _____

Brief Description of the alleged **acts of discrimination**, the dates they occurred, and the names of individuals involved OR Brief Description of alleged **acts of non-compliance**, the dates they occurred and the names of individuals involved:

_____
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PLEASE ATTACH ALL DOCUMENTATION NEEDED TO SUPPORT YOUR CLAIM.

List any witnesses and their contact information:

_____
_____
_____
_____

Signature: _____ Date: _____

It is the policy of the Alabama State Board of Education and Gadsden State Community College, a post-secondary institution under its control, that no person in Alabama shall on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Revised July 2021