

Coeur d'Alene School District No.271

COMMUNITY RELATIONS

4135F

Website Accessibility Complaint/Request Form

Date of Complaint/Request:

Full Name:

Address:

Email:

Phone:

Website address (or location) of accessibility problem:

Description of the problem encountered:

Solution desired:

Signature: _____

Thank you for bringing this matter to our attention. Please include your contact information above so that we may contact you if more information is needed to process your complaint/request. Our goal is to complete the investigation within fifteen (15) working days from the date received.

Received by: _____ Problem Resolved/Closed on: _____

Copy sent to Website Compliance Coordinator on this date: _____

Revised: 8-7-17