



**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)