



**ADA/504 Complaint Form**

Individuals protected by the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act who have experienced concerns/or 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 Accessibility Services Coordinator or to the Assistant 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:**

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

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

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**Describe the remedy/accommodation/resolution you requested**

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Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

(If not Complainant)