

IJNDBA-E ©

WEBSITE ACCESSIBILITY

WEBSITE ACCESSIBILITY COMPLAINT FORM

Name _____ Date _____

Address _____
(street) (city) (state) (zip)

Phone: Home _____ Work _____

E-mail address _____

Description of Accessibility Problem: _____

Location of the inaccessibility site (web address/URL): _____

Solution Suggested: _____

(Date)

(Signature)

Notice: Each concern or complaint will be directed to the person responsible for the website updates at each site and will be processed. The person initiating the communication will receive a timely response, including the provision of access to the website information requested.
