

**FOOTHILL COMMUNITY COLLEGE
ADA COMPLAINT RESOLUTION FORM**

Name: _____ Student ID#: _____

Address: _____

Phone Number(s) _____

Email: _____

What is the nature of your complaint? (include important details; you may attach additional pages if necessary) _____

When did this happen? _____

What have you done to try to resolve this issue? _____

How do you envision this issue being resolved? _____

Student Signature: _____ Date: _____

**Submit this form to Pat Hyland, ADA Compliance Officer,
Office of Student Affairs, room 2002 in the Campus Center**