



To Report a Facility Access Barrier

Please fill out to report a Facility Access Barrier

Date: _____ First Name: _____ Last Name: _____

Status: (Select One): Student Faculty/Staff Visitor

Phone: _____ Email Address: _____

Describe the Accessibility Barrier (please be specific)

Building Name: _____ Building #/Location: _____

Specific Information (Area/Room Number):

Where initial report was submitted

Name: _____ Phone Number: _____

Department: _____

Is this your first report about this access barrier?

Yes No

If no: (complete the following):

Name: _____ Phone Number: _____

Department: _____ Date: _____