



## 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):

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### 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: \_\_\_\_\_