

College of the Siskiyous
ADA Compliance Committee
Complaint Form

To better serve you and resolve your complaint or issue efficiently, please complete this form. Contact information is to clarify any questions we may have regarding your issue, or to let you know how we resolved the issue.

First Name: _____ Last Name: _____

Phone Number: _____ Can we leave a message? Yes No

Email: _____

Please select your most appropriate COS status:

Student Employee Community Member

Please select the area(s) of concern for this issue:

Technology Web Pages Classroom
 Curriculum Facilities Other - please describe below

Briefly describe the issue:

Thank you! The ADA coordinator or designee will follow up with you within two business days from day of submission.