

Pursuant to MCC Equal Opportunity policy (4.020.20) for the resolution of grievances in regard to the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act, and/or Title IX related accommodations.

This form is used to initiate an informal grievance procedure.

The date of the "filing" or "initiation" of the formal grievance shall mean the date of actual receipt by the Compliance Officer for level 2, and the date of actual receipt by the Chief of Student Services Officer for level 3.

Name of Complainant: \_\_\_\_\_ MCC ID #: \_\_\_\_\_

MCC Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

1. Please describe the incident which occurred that you believe is not in compliance with disability law. Be as specific as possible, including dates, times, classes, instructors, etc. as appropriate. If the issue is a barrier to access, please include specific locations. (Additional pages/documentation may be emailed to [dbristle@mohave.edu](mailto:dbristle@mohave.edu))

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Additional pages/documentation are attached:            Yes            No

Printed Name: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For use of the Office of Compliance only:**

Date received: \_\_\_\_\_

Investigation to be conducted by: \_\_\_\_\_

Date investigation must be complete and written resolution provided to all parties: \_\_\_\_\_

Date response returned to complainant: \_\_\_\_\_

Signature of the Compliance Officer or Designee: \_\_\_\_\_