

**NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ADA / SECTION 504 GRIEVANCE FORM**

Purpose:

This form is for students, employees, or members of the public to report concerns or file a complaint regarding disability discrimination, denial of access, or noncompliance with the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act.

Please complete all sections to ensure your concern is properly reviewed. Assistance in completing this form is available upon request.

1. Complainant Information

Name: _____

Role (check one): Student Employee Visitor / Member of Public

College / Campus: Cypress Fullerton NOCE District Office

Address: _____

Phone: _____

Email: _____

2. Incident Information

Date(s) of Incident: _____

Location of Incident: _____

Individual(s) or Department Involved (if known):

3. Description of Concern or Complaint

Please describe in detail the alleged act(s) of discrimination, denial of accommodation, or accessibility barrier. Include specific facts, dates, and names if possible. Attach additional pages or supporting documents if needed.

4. Efforts to Resolve Informally

Have you discussed this concern with a supervisor, faculty member, or ADA representative before filing this form?

Yes No

If yes, please describe who you contacted and the outcome:

5. Desired Resolution

Please state what outcome, accommodation, or corrective action you are seeking:

6. Signature

I certify that the information provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Submit this form to:

ADA Coordinator / Director of Risk Management and Workplace Safety
North Orange County Community College District
1830 W. Romneya Drive, Anaheim, CA 92801
Phone: **714-808-4779** | Email: JLeggin@nocccd.edu

A written acknowledgment of your grievance will be provided within **15 working days**, and a response will be issued in accordance with District ADA/504 grievance procedures.
