

COMPLAINT FORM

Non Compliance with Information Technology Accessibility or Oklahoma Information Technology Accessibility Standards

_____ NAME OF COMPLAINANT		_____ DATE
_____ HOME PHONE	_____ WORK PHONE	_____ FAX NUMBER
_____ STREET ADDRESS		_____ CITY
_____ STATE	_____ ZIP	_____ EMAIL ADDRESS

COMPLAINT INFORMATION

DESCRIBE THE NATURE OF COMPLAINT, INCLUDING DATE, NAME OF PERSON(S) INVOLVED AND WITNESS(S). Identify the information technology in question, and describe the non-conformance with the IT Accessibility Standards in sufficient detail to allow a thorough investigation.

_____ COMPLAINANT SIGNATURE	_____ DATE
_____ SIGNATURE OF COMPLAINANT'S REPRESENTATIVE, IF NOT COMPLAINANT	_____ DATE

RETURN TO:
OSEEGIB INFORMATION TECHNOLOGY
ATTN: AMY KELLEY, IT ACCESSIBILITY COMPLIANCE REPRESENTATIVE
OSEEGIB 3545 NW 58TH, OKLAHOMA CITY, OKLAHOMA 73112