Website Accessibility Complaint or Grievance Form

Date of Complaint or Grievance: __________________________________________

Complainant Name: _______________________________________________________

Address: __________________________________________________________________

Email: ____________________________________________________________________

Phone: ____________________________________________________________________

Website Address (or Location) of the Accessibility Problem: ______________________

____________________________________________________________________________

Description of the Problem Encountered: ______________________________________

____________________________________________________________________________

____________________________________________________________________________

Solution Desired: ____________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Thank you for bringing this matter to the District’s attention. You may be contacted if more information is needed to process your complaint or grievance. The investigation process is typically completed within fifteen (15) working days from the date it was received. We will contact you upon conclusion of the investigation to discuss the findings and actions to be taken as a result of the investigation.

Signature:

Please scan and email this completed form to galloc@lynnschools.org or send by mail to:

Lynn Public Schools
100 Bennett Street Lynn, MA 01905
Attention: Charlie Gallo