

Accessibility Concern/Complaint Form

Date of Concern/Complaint: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Address (or location) of accessibility problem: _____

Description of the problem encountered: _____

Solution desired: _____

Thank you for bringing this matter to our attention. You may be contacted if more information is needed. The investigation process is typically completed within fifteen (15) working days from the date this completed form is received.

Signature: _____

Please print out and sign this form, then deliver it to:

Hancock Central School District

67 Education Lane

Hancock, NY, 13783

Forms may be mailed or dropped off at the District Office