

# 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.

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COMPLAINANT SIGNATURE

\_\_\_\_\_  
DATE

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SIGNATURE OF COMPLAINANT'S REPRESENTATIVE,  
IF NOT COMPLAINANT

\_\_\_\_\_  
DATE

RETURN TO:  
OSEEGIB INFORMATION TECHNOLOGY  
ATTN: SHERYL BACON, IT ACCESSIBILITY COMPLIANCE REPRESENTATIVE  
OSEEGIB 3545 NW 58<sup>TH</sup>, OKLAHOMA CITY, OKLAHOMA 73112