

**Website Accessibility Complaint/Request Form**  
**Vernon Elementary School District #9**

Date of Complaint/Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website address (or location) of accessibility problem: \_\_\_\_\_  
\_\_\_\_\_

Description of the problem encountered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Solution desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for bringing this matter to District #9's attention. You may be contacted if more information is needed to process your complaint/request. The investigation process is typically completed within fifteen (15) working days from the date it was received.

Signature: \_\_\_\_\_