

IJNDBA-E

EXHIBIT

**WEBSITE ACCESSIBILITY**

**WEBSITE ACCESSIBILITY COMPLAINT FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail address \_\_\_\_\_

Description of Accessibility Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of the inaccessibility site (web address/URL): \_\_\_\_\_

\_\_\_\_\_

Solution Suggested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Notice:** Each concern or complaint will be *directed to the person responsible for the website updates at each site* and will be processed. The person initiating the communication will receive a timely response, including the provision of access to the website information requested.