

**IJNDBA-E**

EXHIBIT

**WEBSITE ACCESSIBILITY**

**WEBSITE ACCESSIBILITY CONCERNS/COMPLAINTS FORM**

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Website Address (URL) or Location of the Accessibility Problem \_\_\_\_\_

Description of the Accessibility Problem \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.