



## Access Barrier Report Form

<b>Your Contact Information</b>
<b>First Name:</b>
<b>Last Name:</b>
<b>Phone:</b>
<b>Email:</b>
<b>Status:</b>
<b>Describe the Accessibility Barrier</b>
<b>Building Name:</b>
<b>Specific Area, Room Number, Entrance, program, event, etc. Please provide a detailed description of the access barrier.</b>
<b>Other Contacts</b>
<b>Have you made other contacts to try to rectify the problem?</b> Yes No
<b>Name:</b>
<b>Department:</b>
<b>Campus Phone Number:</b>