

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.