

COMMUNITY WORKFORCE SOLUTIONS, INC.

Accommodation Request/Accessibility Issue Form

We are interested in making the agency, our services, and our communities accessible to all. Please use this form to identify any accessibility issues you see as a barrier to full participation. In addition, this form may be used to request specific accommodations. Completed forms can be given to any staff person, your supervisor, or to the Assistant Director.

Name of person making request _____ Date of Request _____

Accessibility Issue _____

Suggestion for resolution (if any) or accommodation request _____

For Office Use Only:

Date reviewed _____ Reviewed by _____

Outcome/resolution _____

If denied reason/follow-up action _____

Person Responsible for implementation _____

Date Implemented _____ Implemented by _____