



ACCESSIBILITY GRIEVANCE FORM

INSTRUCTIONS:

Please use this form to tell us about problems that you, or others, have had accessing Fairfax County Public Schools (FCPS) programs, services, activities, and facilities because of your, or their, disabilities. Please complete the form as thoroughly as possible. Please print clearly or type your answers if possible. If you need help due to your disability in completing this grievance form, you may contact the FCPS ADA Manager, Fleur Duggan, at 571-423-2200 (direct: 2234) or by emailing us at: Access@fcps.edu. You may submit your grievance by mail to the FCPS ADA Manager at 8115 Gatehouse Road, Suite 3500, Falls Church, VA 22042 or by email to: Access@fcps.edu. If you prefer, you may submit your grievance to the Director, Design and Construction, at the same address.

I. YOUR CONTACT INFORMATION:

| | | | |
|-------------------------------|------|--------------------|----------|
| Name | | Date | |
| Street Address | City | State | Zip Code |
| Daytime Telephone | | Alternative Number | |
| Email Address (if applicable) | | | |

II. PROBLEM INFORMATION:

Please check the type of access problem you have experienced. An access problem includes having difficulty using a facility or part of a facility, or being unable to use a facility or part of a facility. Check all of the following that apply:

School or Facility with Access Problem: _____

- | | |
|---|--|
| <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Elevators or Lifts |
| <input type="checkbox"/> Curb Ramps | <input type="checkbox"/> Special Purpose Room |
| <input type="checkbox"/> Passenger Loading Zones | (Gymnasium or Athletic Facilities) |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Cafeteria, Library, Computer Lab, |
| <input type="checkbox"/> Entrances | Auditorium, Other _____ |
| <input type="checkbox"/> Hallways | <input type="checkbox"/> Playgrounds or Playstructures |
| <input type="checkbox"/> Ramps or Lack of Ramps | <input type="checkbox"/> School Buses |
| <input type="checkbox"/> Stairs | <input type="checkbox"/> Other Off-campus Transportation |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Field Trip Locations |
| <input type="checkbox"/> Classrooms | <input type="checkbox"/> Extracurricular Activities |
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Fire Drills or Emergency Evacuation |
| <input type="checkbox"/> Drinking Fountains | Procedures |
| <input type="checkbox"/> Telephones, TTYs or TTDs | <input type="checkbox"/> Communication Aids (Readers, |
| <input type="checkbox"/> Doors | Interpreters, Note Takers, etc.) |
| <input type="checkbox"/> Signs or Lack of Signs | <input type="checkbox"/> Other (Describe on next page.) |



ACCESSIBILITY GRIEVANCE FORM

Continued

Witnesses continued:

| | | |
|---|----------------|---------------------|
| 4 | Name | Date |
| | Street Address | City State Zip Code |
| | Email | Phone |

| | | |
|----|----------------|---------------------|
| 5. | Name | Date |
| | Street Address | City State Zip Code |
| | Email | Phone |

III. RESOLVING YOUR GRIEVANCE:

What, if any, actions did you take before now to resolve your grievance? (Note: You can file your grievance whether or not you have taken any other action to resolve the grievance.)

What do you think is a good way to resolve your grievance?

Please attach any other information you have, such as photographs or audiotapes. Please list the information you are attaching.

BE SURE TO MAKE A COPY OF THIS GRIEVANCE AND KEEP IT FOR YOUR RECORDS. A DETAILED REVIEW OF THIS GRIEVANCE WILL BE PERFORMED BY FCPS STAFF. IF YOU DO NOT HEAR FROM OUR OFFICE WITHIN 10 DAYS AFTER SENDING YOUR GRIEVANCE, PLEASE CONTACT US. YOU CAN REACH US BY CALLING 571-423-2200 (direct: 2234) OR BY EMAILING Access@fcps.edu .

Design and Construction Services, 8115 Gatehouse Road, Suite 3500, Falls Church, VA 22042