



Blue Ridge Academy
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WEBSITE ACCESSIBILITY COMPLAINT/REQUEST FORM

Complainant Contact Information:

Name	
Address	
City	Zip Code
Home Phone	Cell/Work Phone

Details of Complaint

Date of Complaint
Web address or location of the problem page

1. Please describe the problem encountered.

2. Please describe your desired outcome or remedy so as to assist the complaint investigator in attempting to satisfactorily resolve your complaint.

Signature _____ Date _____