



Website Accessibility Complaint/Request Form

Date of Request: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Website address (or location) of accessibility problem: _____

Description of the problem encountered: _____

Solution desired: _____

Thank you for bringing this matter to the La Pryor ISD's attention. You may be contacted if more information is needed to process your complaint/request. The investigation process is typically completed within fifteen (15) working days from the date it was received.

Signature: _____