



# ADA Program or Facility Accommodation Appeal Form

## Instructions

The appeal process is intended to provide employees with the opportunity to bring forward questions regarding substantive or procedural errors that occurred during the accommodation review process. The appeal process is not intended to initiate a new accommodation review process at a higher level.

When an alternative resolution process is not successful, employees may formally appeal an accommodation denial. To do so, the employee must address in writing one or more of the following bases for appeal to the ADA Administrator:

- a. Identify the facts in the record that do not support the accommodation denial and explain why those facts warrant a different outcome.
- b. Identify new facts that were not known during the interactive process and state how these new facts would change the analysis and decision.

Please send the completed form by mail to:

ADA Administrator

Office for Diversity, Equity, Inclusion, and Accessibility

Los Angeles Community College District

770 Wilshire Boulevard

Los Angeles, CA 90017

(p) 213.891.2203

Completed form may also be submitted by email to:

[disabilityaccess@email.laccd.edu](mailto:disabilityaccess@email.laccd.edu)

## Contact Information

Name:

Classification or Job Title:

Work Phone Number:

Email address:

Supervisor:

Work Location (Choose one.):

District office

East

City

Harbor

Mission

Southwest

Pierce

Trade Tech

Valley

West

If the person needing an accommodation is not the individual completing this form, please provide your information:

Name:

Telephone Number:

Email address or other contact information:

## Appeal Information

1. Program or facility alleged to be inaccessible:
  
  
  
  
  
  
  
  
  
  
2. Location and date when original request was submitted:
  
  
  
  
  
  
  
  
  
  
3. Describe how the program or facility is not accessible. If possible, provide the names of the individuals who were informed of the request, and any documentation of photographs supporting the original request:
  
  
  
  
  
  
  
  
  
  
4. Have efforts been made to resolve your need through the Process for Request for Accommodation or Barrier Removal?  
  
Yes                      No  
  
If yes, what were the results.
  
  
  
  
  
  
  
  
  
  
5. What remedy do you propose?

Signature of Employee:

Date