

Hayward: 510-885-3868 | Concord: 925-602-6716 | Online: www.csueastbay.edu/as

Fax: 510-885-4775 | Fax: 925-602-6362

REPORT OF ON-CAMPUS INACCESSIBILITY

	YOUR NAME			YOUR PHONE NUMBER			YOUR EMAIL ADDRESS		
	NET ID	Position:	Student	Faculty	Staff	Other:			
D	ate and tin	ne of occurren	ce:	DAY YEAR	at HOUR	: E] a.m. □ p.m.		
Lo	ocation:	BUILDING	ROC	ν Μ #	COURSE NAME		PROFESSOR STAFF		
D	escription	of Issue:							
		YOUR SIGNATURE					DATE		
Thank you for bringing this to our attention. Please submit this form to Accessibility Services at the Library Complex, Room 2400, by email at pamela.baird@csueastbay.edu or by fax at 510-885-4775.									
FOR OFFICE USE ONLY	Referred To:	INDI	vidual Office Categor	ry of Complaint:	ction Taken: Access to	University M	FIRST & LAST NAME laterials Physical Acerials In-Class Acer:	OCCESS COMMON CO	