



Report of On-Campus Inaccessibility

Name: _____ Phone number: _____ Email Address: _____
NetID: _____ Position: Student Staff Faculty Other: _____

Date and Time of Issue

Date: _____ Time _____ a.m. p.m.

Location

Building: _____ Room #: _____
Course Name (if applicable): _____ Professor/Staff (If applicable): _____

Description of Issue

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.

