$Hayward: 510\text{-}885\text{-}3868 \mid Concord: 925\text{-}602\text{-}6716 \mid Online: www.csueastbay.edu/as}$

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

REPORT OF ON-CAMPUS INACCESSIBILITY

	YOUR NAME	YOUR PHO	DNE NUMBER	YOUR EMAIL ADDRESS	
NET ID	Position: □	Student F	aculty Staff	☐ Other:	
Date and tim	e of occurrence:	ONTH DAY YEA	at :	NUTE □ a.m. □ p.m.	
Location:	BUILDING	ROOM #	COURSE NAMI	PROFESSOR STAI	FF
Description o	of Issue:				
	YOUR SIGNATURE			DATE	
-				m to Accessibility Servicy.edu or by fax at 510-8	
4				ved By:FIRST & LAST NAME	ccess ccess
Date Resolved	d: year	_ Category of Comp	☐ Access to Cou	versity Materials Physical Arrse Materials Other	ccess ONLY
form is available in acc	cessible format. Please contac	t Accessibility Services to re	equest.		Rev. 3