



REPORT A BARRIER TO ACCESS

A users' ability to use products or services or to access locations.

Section 1: For Completion by the REPORTER or PREPARER	
Reporter's Name:	Reporter's Email:
Preparer's Name (if other than Reporter):	Reporter's Phone:
Do you (the Reporter) have limited access to email? Official notifications regarding this report will be sent via email. If you have limited or do not have access to email you will be required to provide a mailing address. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reporter's Address:	Reporter's City/State:
I (the Reporter) certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.	



I (the Reporter) understand that the University reserves the right to request medical documentation to verify the existence of a disability; and, to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

Reporter's Signature:

Date:

Preparer's Signature (if other than Reporter):

Date:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



When completed, please sign and either return the form in person, fax to University of Arkansas, Office of Equal Opportunity and Compliance at 479.575.7637, or scan and email to access@uark.edu.

1. Please provide the location of the barrier and any additional location information:

2. The University strives to prevent and remove barriers to access through maintenance and response to reported problems. Individuals who encounter a physical, electronic, or programmatic barrier on campus, such as an inoperative elevator or wheelchair lift, an inaccessible website, a blocked access ramp or any other access barrier, can assist the University in this effort by identifying the problem so the barrier can be removed as quickly as possible in order to maintain access for everyone.



Reports about barriers and other campus accessibility concerns may be made using the form below. The University ADA Coordinator will follow up in as timely a manner as the information provided permits. **Describe the type of access barrier you have encountered and any issue it is creating.**

3. Have you reported this barrier to anyone else, or taken steps to try and address the problem?

Yes No

4. Do you have other concerns or additional questions or comments?