

**WINTHROP UNIVERSITY**  
**Office of Accessibility**

**ADA Compliance Complaint Form**

(All complaints must be typed or printed neatly in black ink. Attach additional sheets as necessary.)

**To: ADA Compliance Officer**  
Bancroft 3rd Floor  
Winthrop University  
Rock Hill, SC 29733

**From:** Student ID \_\_\_\_\_

Student Name \_\_\_\_\_

Local Address \_\_\_\_\_

Classification: (Choose one)

Freshman     Senior

Sophomore     Graduate

Junior

Local telephone (\_\_\_\_\_) \_\_\_\_\_

Degree Program \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

**I have the following complaint about classroom accessibility/accommodations or campus accessibility/accommodations at Winthrop University (attach all supporting statements and documentation):**

**I am seeking the following accommodation and/or resolution to my complaint:**

\_\_\_\_\_  
Student's Signature and Date

\_\_\_\_\_  
Signature of Compliance Officer and Date

Compliance Officer Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***ALL complaints must be returned to Bancroft Hall 3rd Floor. For additional information, please call the ADA Compliance Officer at 803-323-3290.***

Office Use Only:

Date Received: \_\_\_\_\_