



500 Kennedy Drive  
Rangely, CO 81648

2801 West Ninth  
Craig, CO 81625

800.562.1105  
www.cncc.edu

**DISABILITY SERVICES COMPLAINT FORM: PERCEPTION OF DISCRIMINATION**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: Rangely \_\_\_\_\_ Craig \_\_\_\_\_ CCCOnline \_\_\_\_\_ Meeker \_\_\_\_\_ South Routt \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Receiving Person

\_\_\_\_\_

Date

ADA Coordinator Notified of Complaint: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, reason for non-notification: \_\_\_\_\_

\_\_\_\_\_

Complaint Given to Title IX Coordinator: Yes \_\_\_\_\_ No \_\_\_\_\_

Action Taken By Title IX Coordinator: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title IX Coordinator Signature

\_\_\_\_\_

Date

