REQUEST FOR ACCOMMODATION RESOLUTION AGREEMENT

On ____________________ (date), ____________________________________________, ADA Department/Institution Coordinator, met with ____________________________________________, Complainant/Representative, in order to seek a prompt and equitable resolution to a written request for accommodation filed by ________________, Complainant, alleging that ____________________________________________ (institution) discriminated against the complainant, as prohibited by the Americans with Disabilities Act of 1990 (ADA).

The complainant/representative and state agency agree to the following:

1. The description of the request for accommodation:
   
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. The finding of facts:
   
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3. The description of the agreed upon resolution:
   
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
4. The time-line to implement the resolution agreement:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If additional space is needed, please attach additional pages to this form.

Institution ADA Coordinator

_________________________  Date

Department ADA Coordinator

_________________________  Date

Complainant/Representative

_________________________  Date

Superintendent

_________________________  Date

Commissioner

_________________________  Date

State regulatory reference 6 AAC 65.060(b) and (c)

cc:  State ADA Coordinator
     Commissioner
     Department ADA Coordinator
     Institution ADA Coordinator

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