BARRIER NOTIFICATION FORM

The College of Charleston is committed to equal access for people with disabilities and implements measures to ensure that no qualified individual with a disability is denied access to its programs, services or activities as a consequence of inaccessible physical facilities. In this regard, if you encounter a barrier to access to a program, service or activity on campus, such as an inoperative elevator or lift, blocking of an access ramp, broken or missing curb cut, or other impediment, please notify us of the issue by completing the form below or reporting your concern.

Please submit this Barrier Notification form that identifies barriers on campus to the ADA Coordinator at the Office of Equal Opportunity Programs, 66 George Street, Charleston, SC 29424, or via email to eop@cofc.edu. Questions about the form may be directed to: 843-953-5754.

The ADA Coordinator reviews the situation with appropriate offices across campus to determine the available courses of action. If the program, service or activity is not accessible, the ADA coordinator will communicate the College's plans for removal of the barrier to achieve program access. Methods for providing access may include structural changes or nonstructural changes, such as acquisition or redesign of equipment, assignment of aides, and relocation to alternate accessible facilities, among other innovative approaches. Completing the Barrier Notification form ***does not constitute a formal complaint or grievance*** but assists in ensuring an accessible campus. A formal complaint can be filed with the Equal Opportunity Programs at 953-5754 or directly with the Office of Civil Rights.

Contact Information:

_____
Name   Address   Date

_____
Telephone Number   Cell Number   Email   Fax

Check one:
_____student _____ staff/faculty _____ visitor _____ other:_____

Information about the Barrier:

The barrier is impacting (check one): _____ Access to a program/activity _____ Access to a service _____ Access to a facility/ physical area _____ other: _____

Date barrier identified _____ Date Barrier Notification submitted _____

Briefly describe the barrier to a service, program or facility and state the location of the problem (submit information or documentation as needed).

Recommendation(s)/Possible solution(s):