



**Description of requested accommodation(s):**

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\_\_\_\_\_  
Employee Name – Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name – Signature

\_\_\_\_\_  
Date

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**To be completed by Human Resources:**

Received by: \_\_\_\_\_

Dated Received: \_\_\_\_\_

Dept. of Employee Contacted (Date): \_\_\_\_\_

Name of Dept. Contact: \_\_\_\_\_

Response to Complainant sent (Date): \_\_\_\_\_  
(Attach copy of response to this form)