

Systems Change Advocacy “No Barriers” Access Complaint Form

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Today’s Date _____ (month day year)

Your Name:

Address, Phone, Email:

May we (ILRC) contact you by phone or email if further information is needed?
_____ Yes _____ No

Name of Facility/Event/Program where barrier occurred:

Location, & Phone Number where barrier occurred:

Did a Person Refuse Access? _____ Yes _____ No

Did You Have a Contact Name or Title?: _____

Date When It Happened: _____ (month day year)

Did the Lack of Access cause:
Failure to receive Services
Delay in receiving Services
Loss of Services

Please Circle All the Next Areas that apply.

What Type of Barrier?:

1. Physical/Exterior Access
2. Physical/Interior Access
3. Communication Access
4. Attitudinal Barrier
5. Issue Involving Service Animals

Return form to mjust@ilrc-trico.org or mail to
ILRC, Inc. Attn MJust 423 W. Victoria St, Santa Barbara, CA 93101

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What Type of Service?

1. Health Care Access:

Outpatient: Doctors office, clinic, or other facility
Inpatient: Hospital or other facility
Mental Health Services
Crises or Emergency Medical Response Services
Substance Abuse Services
Assistive Technology/Durable Med Equipment
Health care/Insurance Information

2. Public Accommodation:

Retail Store
Restaurant
Restroom
Gym Equipment
Social/Community Service Program
Participation in an Event

3. Housing

Housing Rental
Housing Purchase
Home Modification

4. Employment/Employer

5. Educational Facility

6. Local Government Services

Police, Fire, Voting, etc.

Give Brief Statement:

Describe The Experience/Situation/Issue. Use Detail. Explain what happened.

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