SERVICE REQUEST APPEAL FOR ACCOMMODATION OR BARRIER REMOVAL

Title II of the American with Disabilities Act (ADA) Section 504 of the Rehabilitation Act of 1973

(Check one) First Step Appeal: _____ Final Appeal: _____ Please type or print legibly.

Requesting Individual: _____

Date of request: _____

Address: _____

City, State and Zip: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

If person needing accommodation is not the individual completing this form, please provide your:

Name: _____ Telephone Number: _____

Contact Information: _____

Program/Facility Alleged to be Inaccessible: _____

Location and date when original request were submitted: _____
_____

Describe how the program/facility is not accessible, providing the name(s) where possible of the individuals who were informed of the request, and any documentation or photographs supporting the original request:
_____
_____
_____

Western Education Institute does not discriminate on the basis of disability in the admissions or access to, or treatment of or employment in, its programs or activities. Requests for alternate formats can be made by contacting Administration Department at Any questions should be directed to Administration, Support@WesternEducationInstitute.edu, Tel: (951) 530-3022, Toll Free: (833) 319-4506, FAX: (951) 335-7109.

Have efforts been made to resolve your need through the Process for Request for Accommodation or Barrier Removal?

Yes_____ No_____ If yes, what were the results?
_____
_____

What remedy do you propose? _____
_____
_____

Signature: _____ Date: _____

Please keep a copy of this form for your records and future reference. Please send the completed form to the Registrar at Western Education Institute, 14080 Palm Dr, Suite E, Desert Hot Springs, CA 92240, Support@WesternEducationInstitute.edu, Tel: (951) 530-3022, Toll Free: (833) 319-4506, FAX: (951) 335-7109