

THIS FORM IS TO BE USED ONLY BY ORANGE COUNTY DISABILITY AWARENESS
COUNCIL REPRESENTATIVE.

Date Form Received or Information Gathered: _____

Steps Taken to Resolve Incident: (Should include time, date and names of persons contacted, as well as any information as to when situation will be resolved or improved.)

FOLLOW-UP CONTACTS: (Should include time, date and names of persons contacted)

Disability Awareness Council Representative