

Langston University
Office of Student Disabilities Services
P. O. Box 1500
Langston, Oklahoma 73050

Students with Disabilities Incident Report Form

When completing this form, please be as detailed as possible.

Student: _____ Date: _____

Time: _____ Class: _____

Place of incident: _____

Problem: _____

Recommended Solution: _____

Student Signature: _____ Date: _____

For Office Use Only:

Response: _____

Action: _____

ADA Compliance Office _____ Date _____

Student _____ Date _____