



Suffolk Independent Living Organization
education - advocacy - empowerment

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BARRIER BUSTERS COMPLAINT FORM

DATE: SUBMITTED BY:	TELEPHONE NUMBER: EMAIL ADDRESS:
PHYSICAL ADDRESS OF BARRIER:	TYPE OF BARRIER PHYSICAL <input type="checkbox"/> SENSORY <input type="checkbox"/> POLICY/PROCEDURAL <input type="checkbox"/> ATTITUDINAL <input type="checkbox"/> PHOTOGRAPHS YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE EACH BARRIER: <input type="checkbox"/> INACCESSIBLE ENTRANCE <input type="checkbox"/> INACCESSIBLE ROUTE <input type="checkbox"/> INACCESSIBLE BATHROOMS, SINK, TOILET <input type="checkbox"/> INACCESSIBLE COUNTERS, AISLES <input type="checkbox"/> LACK OF ACCESSIBLE PARKING <input type="checkbox"/> LACK OF SIGNAGE <input type="checkbox"/> INACCESSIBLE HEIGHT <input type="checkbox"/> LACK OF ACCESSIBLE SEATING <input type="checkbox"/> LACK OF ACCESSIBLE COMMUNICATION <input type="checkbox"/> OTHER	DESCRIPTION OF BARRIERS:
WHO IS THE RESPONSIBLE PARTY:	
HOW DO BARRIERS AFFECT PEOPLE WITH DISABILITIES?	
POTENTIAL OBSTACLES TO RECTIFY BARRIERS:	