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UNIVERSITY OF MARYLAND

COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
Office of Human Resources Management & Compliance Programs

PROGRAM PARTICIPANT DENIAL OF ACCOMMODATION/FREE LANGUAGE SERVICES

Participant/Beneficiary Name: First & Last Name
Address: Street address, city, state, zip code
Phone Number: Phone Number
Email: Email Address
Program/Activity: Program/Activity Participating
Date of Denial: Click here to enter date.
County/City:
Facility:

Accommodation Details:

1. What type of accommodation was provided by the recipient (AGNR) to the program attendee?

Please be as specific as possible (i.e. interpretation or translation services/accessibility spacing).

2. Why did the program participant deny the free service provided?

Please be as specific as possible (i.e. wrong language service, timeliness to provide, despite notice of services, refused and preferred own interpreter, own accessibility resources).

3. Request for Denial of Service Sent To:

Please be as specific as possible (i.e. email, fax, verbally expressed to).

_____ Click here to enter date.
Signature

Internal Review (To be completed by Responsible Official)

Program/Activity Responsible Official: First & Last Name
Title: Enter Official Title
Date of Program/Activity: Click here to enter date.

☐ **ACCEPTANCE**

1. Date of Acceptance: Click here to enter date.
2. Type of Accommodation Provided: Accommodation Modified (what services occurred to include participant elected services).
3. Cost Associated: Enter Cost of Accommodation (if any).

Support documentation stored and recorded as appropriate with a copy of marketing material.

University programs, activities, and facilities are available to all without regard to race, color, sex, gender identity or expression, sexual orientation, marital status, age, national origin, political affiliation, physical or mental disability, religion, protected veteran status, genetic information, personal appearance, or any other legally protected class.