



DISABILITY FEEDBACK/COMPLAINTS PROFORMA

Instructions:

This form is designed to gather feedback or address complaints related to the services, accessibility, or support provided to individuals with disabilities at UBAS. Your feedback will help us improve inclusivity and ensure a better experience for all.

Section 1: Personal Information

(Fields marked with * are mandatory)

1. *Full Name*:*

2. *Contact Number*:*

3. *Email Address*:*

4. **Role at UBAS:**

- Student
- Faculty
- Staff
- Visitor

5. **Department/Faculty/Office:**

6. **Do you identify as a person with a disability?**

- Yes
- No

Section 2: Nature of Feedback/Complaint

1. **Please specify the type of submission:**

- Feedback
- Complaint

2. **Please indicate the area your feedback/complaint relates to (select all that apply):**

- Physical Accessibility
 - Learning/Teaching Assistance
 - Examination Accommodations
 - Communication Barriers
 - Administrative Services
 - Attitudinal Barriers
 - Assistive Technology
 - Health and Safety
 - Other (Please specify):
-

3. Brief Description of the Issue/Feedback:

(Please describe your experience or concerns, including any specific incidents)

4. Date/Time of Incident (if applicable):

Section 3: Desired Outcome/Resolution

1. Please describe the outcome or resolution you expect from UBAS:

2. Have you reported this issue to anyone else at UBAS?

- Yes
- No

If yes, please specify who:

Section 4: Additional Comments (Optional)

1. Do you have any other suggestions to improve accessibility or disability support at UBAS?

Section 5: Declaration

I declare that the information provided in this form is accurate and complete to the best of my knowledge.

- *Signature:** _____
- *Date:** _____

For Office Use Only

- **Received by:** _____
- **Date Received:** _____
- **Action Taken:** _____
- **Remarks:** _____

This form can be submitted to the Office of Disability Services or emailed to:
disabilitysupport@ubas.edu.pk

Thank you for your feedback.