

DISABILITY SERVICES FORMAL GRIEVANCE FORM

SECTION 1: STUDENT INFORMATION

Student's Name: _____

Campus Name: _____

Student's Banner (U) Number: _____

Student's Address: _____

Student's Email Address: _____ Student's Phone #: _____

SECTION 2: GRIEVANCE *(Attach a separate sheet if additional space is needed)*

A. Please check which description below best describes your grievance.

- ☐ Appeal of accommodations provided by Disability Services Coordinator.
☐ Denial of equal access to academic programs, campus activities, or other services because of a disability.
☐ Violation of privacy in the context of a disability.

B. Date of issue giving rise to grievance: _____

C. Did you try to informally resolve the issue? ☐ Yes ☐ No

If yes, please describe your efforts.

D. Please describe the nature of your grievance in detail by describing the date, time, and location if appropriate.

E. Please describe your requested remedy.

Student's Signature: _____

Date: _____

Please return the completed form to the respective ADA Coordinator.