

**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.

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E. Please describe your requested remedy.

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\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_