

Form to Initiate Action on a Grievance

A student who wishes to file a grievance should read the Grievance Policy for Students with Disabilities before completing this form.

Name: _____ Date: _____

Current Mailing Address: _____

Phone number: _____

Please circle one: I am a: student faculty member staff person

1. Have you met with the Coordinator for Student Disability Services or the Director of the Student Success Center to discuss your situation? If so, please list the date and time of the meeting.

2. Please describe the situation on the back of this page or on attached additional sheets.

3. Please list dates and times that you are available to meet with the Office of Student Disability Services to discuss this grievance.

I have read the appropriate policy and procedures governing filling a grievance and understand them. I understand that if I need accommodations to participate in the grievance process, I will make the request to the Coordinator for Student Disability Services at least five business days before any meeting or function.

Signature

Date

This form will be made available in alternative formats upon request. Contact the Coordinator of Student Disability Services.