



Student Life - Disability Resource & Support Center
Grievance Form

Name: _____ Date: _____

PID: _____ Disability: _____

Phone: _____ E-Mail: _____

Address: _____

Reason for Grievance (Information should include: Clear explanation as to why grievance is being filed, a description of the concern, relevant dates, and remedy requested): _____

In filing a Grievance, the student gives permission for those outlined in the procedure to review the student's documentation, if necessary.

Student Signature: _____ Date: _____

For Office Use Only

Date of Meeting with the DRSC Director: _____

Date of Meeting with the Dean of Students: _____

Date of Meeting with the ADA Coordinator: _____

Revised: 11/30/2015