

## ADA Grievance Appeal Form

<b>STUDENT NAME</b>	<b>STUDENT ID #</b>	<b>DATE</b>
Mailing Address (Street Name and Number)	Apt. #	Cell Telephone
City	State	Zip Code
Other Telephone		
Email Address		

Describe the issue in detail. Please be as specific as possible. Use the back of this form for additional comments. Attach any documents that will help to describe and substantiate your concern.

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I have attempted to resolve this issue with the Assistant Dean of Student Support Services.  YES  NO  
(If yes, describe the outcome)

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What is your desired resolution?

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I hereby declare that the information on this form is true, correct, and complete to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_