

Accessibility Grievance Form

Name: _____ Student ID: _____

Phone: _____ Email: _____

Were you registered with Accessibility during the semester the incident(s) took place?

Yes No

Did you attempt to resolve the issue(s) before filing a formal grievance?

Yes No

Please describe your efforts for informal resolution.

Date(s) and time(s) of grievance (events relating to the complaint):

Please provide a complete description of your grievance.

Please attach additional pages as needed.

Upon request, for persons with disabilities, assistance will be provided in completing this form. Please return this form to Andrea Allison, 504 Coordinator, 201B Fort D, or email to aallison@limestone.edu.