



1130- Office of Disability Support Services (ODSS)
Attn: Coordinator of Special Populations
Gannon Building (GB), Suite 204
422 North Washington Square
Lansing, MI 48933
Phone: 517/483-1904 Fax: 517/483-1970 TTY 517/483-1207

**Student Disability Grievance
Informal Resolution Request**
(Please submit completed form to address above.)

Name of Complainant: _____

Contact Address: _____

Phone Number: (Home) _____ (Cell) _____

Email Address: _____ (Student Number) _____

Department/program involved: _____

Grievance against Administrative Decision(s): Please circle at least one.

- A. Disagreements regarding a requested service, an accommodation, or a modification of a College practice or requirement;
- B. Inaccessibility of a program or activity due to disability;
- C. Harassment or discrimination on the basis of disability;
- D. Violation of privacy in the context of disability.

Details: _____

_____ (continue on separate sheet if needed)

Write a statement of the remedy requested:

_____ (continue on separate sheet if needed)

Complainant's Signature: _____ Date: _____

Grievance received by: _____ Date: _____

Details of Informal Complaint Investigation (Meetings, interviews, agreements reached, final outcomes, if any):

Disposition of Complaint

- Complaint Dismissed
- Administrative resolution
- Other

Reason(s)/Explanation(s)/Detail(s):

Notification

- Complainant notified of Complaint Disposition on: _____
- Respondent(s) notified of Complaint Disposition on: _____