



1000- Student Services Division  
Attn: Judicial Affairs Liaison  
Gannon Building (GB), Suite 135  
422 North Washington Square  
Lansing, MI 48933  
Phone: 517/483-1162 Fax: 517/483-1629

**Student Disability Grievance  
Formal 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: \_\_\_\_\_

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***Would you like to meet with the Disability Grievance Committee to discuss the issue in person?***  
(Please circle one.)      ***Yes***      ***or***      ***No***

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)

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Write a statement of the remedy requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (continue on separate sheet if needed)

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Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance received by: \_\_\_\_\_ Date: \_\_\_\_\_

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