**Grievance Form**

**Alleged Discrimination on the Basis of Disability**

**Name of Complainant:** **Violation Date:**

**Person Filing Grievance:**  Student  Faculty/Staff

**Street Address** **ID Number:**

**City, State, Zip:** **Telephone:**

**Describe your Concern**:

**Step 1:**

You are encouraged to speak with the person(s) who is the object of your grievance in order to resolve your concern in an open and informal conversation.

Informal Conversation Date:

**Step 2 (Please type and print out. Attach additional pages as needed):**

If no resolution occurs informally, complete the following sections within thirty (30) days of the alleged violation.

**Describe the alleged discriminatory action in sufficient detail to make all points clear. Include dates, name of others present, location, etc. (Please attach additional pages if necessary)**

**Describe any contacts made with college representatives regarding the issue.**

**What actions are you requesting?**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to the Director of the Disability Resource Center in the Student Health Building- Suite 212.

**Please present this form to the UCA official who assists you in initiating the grievance process. This form is for official use only.**

**Date Initials**

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1. Discussion of process with student
2. Informal conversation with offending party
3. Receipt of written Grievance Form for alleged   
    discrimination based on disability
4. Decision rendered by Director of the Disability Resource

Center or Vice President of Human Resources

If the issue **is resolved**, the process is **complete**.

If the issue is **not resolved**, the following will be used to track progress on **appeal**:

**Date Initials**

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1. Submission of formal appeal and supporting   
    documentation
2. Findings reviewed by the Disabilities Grievance Committee
3. Decision rendered by Provost or appropriate Vice President
4. Written description of findings given to complainant