



AccessAbility Services
Accommodation Grievance Form

Alternate formats are available upon request.

Instructions: Please provide all of the information requested. Be as specific as possible when describing incidents by including the date(s), the event(s), the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the event(s). Your complaint is not limited to this form. You are encouraged to provide additional materials that may assist in the investigation.

Please note: In addition to the Accommodation Grievance, you may file a complaint with the Office of Civil Rights and/or the U.S. Department of Education. Please note that the relevant timeline for filing with OCR is within 180 days of the alleged act of discrimination. Information regarding how to file with those agencies are available on their websites.

Name: _____

Date: _____

WCSU ID: _____

Cell #:() _____

Mailing Address: _____

WCSU Email: _____@wcsu.edu

The above student is filing a complaint related to the following:

Explanation of Issue and/or accommodation requested:

Description of Disability:
