Student 504/ADA Accommodation Appeal/Complaint Form

Name:__________________________________ Date:________________
Address:________________________________________________________________________
City: ______________________ State:__________ Zip:___________
Phone:________________________ Student I.D._______________________

Disability Verified by:
☐ Disability Resource Center  ☐Self-Evident  ☐Dean of Students Office

Prior to submitting this form, students should review the Student Policy and Procedures for Resolving University 504/ADA Accommodation Disputes: http://drc.calpoly.edu/content/support/legal/disputes

- Per the policy, students should attempt to resolve disputes informally with either the party alleged to have committed the violation, and/or with the head of the department or unit in which the alleged violation occurred, or the Dean of Students.

Appeal/Complaint Personal Statement (Attach Separate Sheet/s)

- Include:
  o Specific details related to the issue (including dates, people, requests, etc.)
  o Names of faculty/staff involved and anyone you’ve approached to help resolve the issue
  o Steps you’ve taken prior to submitting this form
  o The outcome or resolution you propose in response to your appeal/complaint

If there is a hearing on my appeal/complaint, I request a student serve on the review board if one is available. I understand the student may have access to confidential information pertaining to my disability and information associated with this appeal:

☐YES  ☐NO _____ (Student Initials)

Process:
Submit this completed form, including attached Personal Statement, to the Dean of Students Office, Bldg. 52, Room E-11. (805) 756-0327, kmcmah02@calpoly.edu
This portion of the Form is for Administrative use only:

504 ADA Access Appeal/Complaint Process & Resolution Form

Please provide details regarding any actions taken in response to this issue so the Accommodations Review Board will have accurate and complete information.

<table>
<thead>
<tr>
<th>Actions taken in response to this issue (attach summary if needed):</th>
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Disability verified: ☐ Yes ☐ No

Dean of Students ______________________ Date __________

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<th>Actions taken in response to this issue (attach summary if needed):</th>
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Designated Vice President ______________________ Date __________

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Dean, Dept. Chair/Head, Director ______________________ Date __________

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Accommodation Review Board (ARB) Chair ______________________ Date __________