

# Student 504/ADA Accommodation Appeal/Complaint Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cal Poly Empl ID \_\_\_\_\_

Disability Verified by:

DRC    Self-Evident    Medical Documentation Provided

Prior to submitting this form, students should review the Student Policy and Procedures For Resolving University 504/ADA Accommodation Disputes

<http://drc.calpoly.edu/support/legal/disputes.htm>

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** (separate sheet(s) may be attached)

**Include:**

- Specific details related to the issue (including dates, time, and place of alleged discriminatory action)
- Names of faculty/staff involved and the names of any witnesses who can document the alleged discriminatory action
- The names of other university officials you have approached to help resolve the issue informally
- The remedy requested

---

---

---

---

**PROCESS:**

Fill out Appeal/Complaint Form and submit it to the Dean of Students, Bldg. 27, Room 188 (Health and Counseling Services), (805)756-0327, [deanofstudents@calpoly.edu](mailto:deanofstudents@calpoly.edu)

       **YES**          **NO**   If there is a hearing on my appeal/complaint and one is available, I request a student serve on the review board. I understand the student may have access to confidential information pertaining to my disability and information associated with this appeal.

**504 ADA Access Appeal/Complaint Process & Resolution Form**

(to be completed by specified campus administrators)

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

Actions taken in response to this issue: (attach summary if needed)	
Disability verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

Dean of Students	Date
------------------	------

Actions taken in response to this issue: (attach summary if needed)
---------------------------------------------------------------------

---

Designated Vice President	Date
---------------------------	------

Actions taken in response to this issue: (attach summary if needed)
---------------------------------------------------------------------

---

Dean, Dept. Chair/Head, Director	Date
----------------------------------	------

Actions taken in response to this issue: (attach summary if needed)
---------------------------------------------------------------------

---

Accommodation Review Board (ARB) Chair	Date
----------------------------------------	------