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

_____ 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.

<table>
<thead>
<tr>
<th>Actions taken in response to this issue: (attach summary if needed)</th>
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<tbody>
<tr>
<td>Disability verified: [ ] Yes [ ] No</td>
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_________________________   ______________________  
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