

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:
 - Specific details related to the issue (including dates, people, requests, etc.)
 - Names of faculty/staff involved and anyone you've approached to help resolve the issue
 - Steps you've taken prior to submitting this form
 - 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.

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

Disability verified: Yes 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