**Accessible Education Services Formal Grievance**

*This form should be used by students or employees with grievances concerning disability-related matters including, but not limited to, determinations of a request for accommodation, the provision of accommodations, or access to LMU facilities. Students and employees are encouraged, but not required, to first discuss their concern with the Director of Accessible Education Services before filing a formal grievance.*

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| Student/Employee Name: |   | Student/EmployeeID: |   |
| Student/Employee Email: |   |

I am filing a formal grievance involving the following harassment or discrimination: (Check all that may apply.)

[ ] A determination regarding a requested service or accommodation;

 What date was the determination made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Administration of a requested service or accommodation;

 What date was the accommodation administered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Inaccessibility of a university program, activity, service, or facility;

[ ]  Harassment on the basis of disability in violation of university policy; or,

[ ]  Any other alleged university violation of the ADA or the Rehabilitation Act.

State how the action(s) is/are discriminatory, or how the denial of a requested accommodation is unreasonable: (Attach all supporting documentation.)

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The following individuals have information the University should consider in resolving this complaint:

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I am seeking the following accommodation and/or resolution to my complaint:

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Please submit the completed, signed, and dated form to Dr. Mark Moran, Vice President & Dean, School of Medical Sciences & Professor of Physician Assistant Studies at Mark.Moran@lmunet.edu

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Student Signature Date