

**Accessible Education Services Grievance Appeal Request**

*This form should be used by students or employees to request an Appeal of a Formal Grievance determination.*

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

Date of Formal Grievance Determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting to Appeal the Formal Grievance determination based on the following: (Check all that may apply.)

[ ]  New evidence is now available which was not available at the time of the original decision and that evidence, if available at the time of the original decision, would likely have changed the original decision

[ ]  A procedural error was made in the formal grievance process.

Please provide detailed information to support your request. Attach any and all supporting documentation.

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| Click or tap here to enter text. |

Please submit the completed, signed, and dated form to Jody Goins, ADA Appeals Committee Chair, at Jody.Goins@LMUnet.edu

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Student Signature Date