

ACCESSIBLE EDUCATION SERVICES GRIEVANCE APPEAL REQUEST

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

Student/Employee Name:		Student/Employee ID:	
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.)			
evidence, if availa	now available which was not avalble at the time of the original dor was made in the formal grieval	ecision, would likely have c	_
Please provide detailed information to support your request. Attach any and all supporting documentation.			
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			
Student Signature	Date	_	