



## Disability Services Grievance Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you registered with Disability Services during the semester the incident(s) took place? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you attempt to informally resolve the issue(s) before filing a formal grievance as is required in this grievance procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your efforts for informal resolution.

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Please provide a complete description of your grievance. If possible, specify the date(s) and time(s) of the incident(s).

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Please attach additional pages as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For all Disability Services grievances, return this form to the Coordinator of Disability Services. Upon request, for persons with disabilities, assistance will be provided in completing this form. Contact the Office of Disability Services, 1701 W. Will Rogers Blvd. Claremore, OK 74017, (918) 343-6828.