

ACADEMIC DISABILITY SERVICES: GRIEVANCE FORM
McPherson College

(May be completed with the assistance of the Director of the Royer Center for Academic Development or
the Vice President of Academic Affairs)

Name _____ Social Security Number _____

Date _____ Telephone Number (Day) _____ (Evening) _____

Grievance (Please be specific. Indicate clearly the nature of the problem, whether it be improper denial of accommodations, failure to implement or sustain accommodations, or discrimination on the basis of your disability. Describe the problem situation in detail):

Grievance Reviewed By:

Signature(s)

Director, Royer Center for Academic Dev _____ Date _____

Vice President, Academic Affairs _____ Date _____

President _____ Date _____