

ACCOMMODATION GRIEVANCE FORM

For a student to use when an accommodation request is not approved and you would like to have the decision formally reviewed.

Name: _____ R#: _____

Email: _____ Cell: _____

Accommodation requested:

Reason for grievance:

Student's Signature: _____ Date: _____

By typing your full name you are thereby signing this form.

Return completed form to:
Elizabeth M. Garcia
Executive Director and Title IX coordinator
The University of Scranton
The Office of Equity & Diversity
Institute of Molecular Biology & Medicine, Suite 315
elizabeth.garcia2@scranton.edu
(570) 941-6645