

OTTAWA UNIVERSITY

ADA/504 ACCOMMODATIONS GRIEVANCE FORM

Instructions: Please fill out this form and return to the Disability Services Coordinator (DSC). When appropriate, the DSC will forward to the ADA/504 Coordinator for further review. See Grievance Policy.

Chose one of the following:

- My accommodation was denied
- My accommodation was not appropriately implemented
- Other (please explain) _____

Please provide a detailed description of the series of events that have led you to file this grievance. Include steps you've taken to resolve the issue informally, names of people, and dates of any communications.

Please describe the specific action or relief you are seeking from Ottawa University.

Please include any documents related to your grievance.

Signature (electronic or written)

Date: _____

Printed name

Student ID: _____

Phone:

Email: