



Office of Disability Services

Disability Services Grievance Form

Grievances must be filed within 30 days of the occurrence of the alleged violation.

NAME: _____ DATE: _____

Address: _____

DATE of incident or decision leading to complaint: _____

STATEMENT OF GRIEVANCE (Incident or decision leading to complaint.)

WITNESSES (to alleged violation if applicable):

REMEDY REQUESTED:

This portion to be completed by Point University

Date Director of Disability Services was notified: _____

Date of decision and response: _____
(Attach decision/response to this form)

Date Chief Academic Officer was notified: _____

Date of decision and response: _____
(Attach decision/response to this form)