



AccessAbility Services
Accommodation Grievance Form

Alternate formats are available upon request.

Instructions: Please provide all of the information requested. Be as specific as possible when describing incidents by including the date(s), the event(s), the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the event(s). Your complaint is not limited to this form. You are encouraged to provide additional materials that may assist in the investigation.

Please note: In addition to the Accommodation Grievance, you may file a complaint with the Office of Civil Rights and/or the U.S. Department of Education. Please note that the relevant timeline for filing with OCR is within 180 days of the alleged act of discrimination. Information regarding how to file with those agencies are available on their websites.

Name: _____ Date: _____

WCSU ID: _____ Cell #: (____) _____

Mailing Address: _____

WCSU Email: _____@wcsu.edu

The above student is filing a complaint related to the following:

Explanation of Issue and/or accommodation requested:

Description of Disability:

Reason for completed accommodation grievance form: Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur. Please describe specifically how access is impaired or lacking with your current situation. Include dates of occurrence and all names of WCSU community members involved. Attach additional documentation as needed.

Describe the remedy/accommodations/resolutions requested:

Acknowledgement:

I understand that, regardless of any contact with the WCSU ADA Coordinator, I also retain the right to file an external complaint of discrimination to the Office of Civil Rights (OCR) and/or U.S. Department of Education. Furthermore, I understand that the relevant timeline for filing with these agencies is 180 days from the date of alleged discrimination and is independent of any internal complaint filed with the WCSU ADA Coordinator and/or Office of Diversity, Equity & Inclusion.

I hereby attest that the facts asserted in this grievance are true and accurate to the best of my knowledge and belief.

Complainant Signature: _____

Date: _____

Upon completion of this form, please return this form and any evidence pertaining to your complaint to:

Fred Cratty
 ADA Coordinator
 Western Connecticut State University
 181 White Street, University Hall 115
 Danbury, CT 06810
 Phone: 203-837-8665
 Fax: 203-837-8613