

## HOUSING ACCOMMODATIONS APPEAL/GRIEVANCE FORM

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person requesting an appeal: \_\_\_\_\_

Relationship to Student (If different than student) \_\_\_\_\_

**Reasons for Appeal:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Desired Outcome:** \_\_\_\_\_

\_\_\_\_\_

I authorize the Accessibility Coordinator and others involved in the grievance process to release information about my complaint, including all documents and other information relating to my disability.

YES

NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE RECEIVED:	RECEIVED BY:
DATE ACTION(S) COMMUNICATED BACK TO THE ORIGINATOR/COMPLAINANT:	COMMUNICATION BY WHOM AND METHOD:

*Please return to:*  
 Accessibility Coordinator  
 1500 West Agency Rd., Room 102  
 West Burlington, IA 52655