

## HOUSING ACCOMMODATIONS APPEAL/GRIEVANCE FORM

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

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

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

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

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

I authorize the Disability Coordinator and others involved in the grievance process to release information about my complaint, including 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:*  
 Vice President of Student Services  
 1500 West Agency Rd., Room 513  
 West Burlington, IA 52655