



SOUTHEASTERN
COMMUNITY COLLEGE

HOUSING ACCOMMODATIONS APPEAL 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 Director of Accessibility Services 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:
Dean of Students
1500 West Agency Rd., Room 109
West Burlington, IA 52655