

Disability Grievance Form

Fill out this form to file a grievance with the DSS Office. Please fill out this form completely and submit it to the DSS Office.



Name:

Student ID or Department:

DigiPen Email:

Phone Number:

Local Address:

Please complete the following section. If necessary, please use separate sheets of paper:

A. Have you taken any action to resolve the matter informally? Yes

If yes, please describe your actions:

B. Describe your concern or request regarding accommodations:

C. Provide the statement that describes the grounds on which your appeal is based:

D. List the names of all DigiPen employees involved:

E. Write a statement of your expectation or specific outcome:

OFFICE USE ONLY

Date Received:

Received By:

Approved

Denied

Describe the follow-up action: