



Disability Services Grievance Form

Name: _____ Student ID: _____

Phone: _____ Email: _____

Were you registered with Disability Services during the semester the incident(s) took place? Yes _____ No _____

Did you attempt to informally resolve the issue(s) before filing a formal grievance as is required in this grievance procedure? Yes _____ No _____

Please describe your efforts for informal resolution.

Please provide a complete description of your grievance. If possible, specify the date(s) and time(s) of the incident(s).

Please attach additional pages as needed.

Signature: _____ Date: _____

For all Disability Services grievances, return this form to the Coordinator of Disability Services. Upon request, for persons with disabilities, assistance will be provided in completing this form. Contact the Office of Disability Services, 1701 W. Will Rogers Blvd. Claremore, OK 74017, (918) 343-6828.