

## ACCOMMODATION GRIEVANCE FORM

You may fill this form out online and then print, sign and date the form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

- Have you requested an accommodation that has been denied?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been given an accommodation that you do not consider appropriate, reasonable or effective?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you have you met with the staff member who arranged the original accommodation to discuss the accommodation **and** met with the Director of Student Support Services to discuss the issue, you have the right to complete this ADA grievance form and return it to the ADA Coordinator **within five (5) working days of the date of the meeting with the Director of Student Support Services**

Provide a detailed written account of your complaint. (Attach other sheets if necessary.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form should be mailed, faxed, or delivered to Millie Tibbits, EO/AA Compliance Officer who is the ADA Coordinator for OCCC. Ms. Tibbits' business card is attached.