

ACADEMIC DISABILITY SERVICES: GRIEVANCE FORM
Tabor College

(May be completed with the assistance of the Director of Student Success or the
Executive Vice President of Academics and Compliance)

Name

Student ID

Date

Telephone Number (Day)

(Evening)

Grievance (Please be specific. Indicate clearly the nature of the problem, whether it be improper denial of accommodations, failure to implement or sustain accommodations, or discrimination on the basis of your disability. Describe the problem situation in detail):

Decision/Action:

Grievance Reviewed By:

Signature, Associate Dean of Appropriate School (SLA, SPS, SGS) Date

Signature, Dean of Student Life, Learning, and Formation Date

Signature, EVP of Academics and Compliance Date