ACADEMIC DISABILITY SERVICES: GRIEVANCE FORM Tabor College

(May be completed with the assistance of the Director of Student Success or the Provost)

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	<i>y</i> :				
Signature, Dean of Stud	lent Life, Learning, and Formation	Date			
Signature, Provost		Date			



Contact List

Name	Position	Email	Office Phone Extension
			Switchboard: (620) 947-3121
Dr. David Janzen	President	presidentjanzen@tabor.edu	1057
Dr. Frank Johnson	Provost, Title IX Coordinator	frankj@tabor.edu	1044
Mr. Ian Thomson	Dean of Student Life	iant@tabor.edu	1031
Mr. Ron Braun	Vice President of Advancement	ronb@tabor.edu	1710
Mr. Caleb Loss	Vice President for Business and Finance	caleb.loss@tabor.edu	1050
Mr. Chris Glanzer	Director of Information Technology Infrastructure	chrisg@tabor.edu	1013
Mr. Wayne Kliewer	Director of Information Technology Operations	waynekliewer@tabor.edu	1011
Mr. Daniel Krebs	Director of Student Success	daniel.krebs@tabor.edu	1223
Mr. Scott Franz	Registrar, Interim Director of Student Financial Aid	scottf@tabor.edu	1045