

ACADEMIC DISABILITY SERVICES: GRIEVANCE FORM
Tabor College

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

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, Dean of Student Life, Learning, and Formation

Date

Signature, VPAA

Date