

**Gustavus Adolphus College Grievance Petition – Academic Support Center
Accessibility Resources**

Name: _____ Student ID: _____

Address: _____ Date of Filing: _____

Cell Phone: _____ Email: _____

Date of Incident (if applicable): _____

Description of incident/issue: (this may be a single incident and/or an action or communication over a period of time) if more space is needed, you may attach information

Steps that have already been taken to resolve the issue:

Faculty/Administrative Staff/Witnesses involved:

Desired resolution:

All facts and information that I have stated above are true to the best of my knowledge.

Student Signature: _____ Date: _____