

**Gustavus Adolphus College Grievance Form—Disability Services**

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Filing:** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Date of Incident (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**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:**