

Northern Michigan University
Section 504 and Americans with Disabilities Act Grievance Form
For Staff

Date: _____

Last Name: _____ First Name: _____

Address: _____

Telephone number: _____ Email: _____

Alternate Contact Information

Last Name: _____ First Name: _____

Address: _____

Telephone number: _____ Email: _____

State the name of the office, department or employee (and employee's department) responsible for providing the program or service you believe you were denied access:

Incident, Practice or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any University service, program or activity due to your disability. Please specify dates, times and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eye witness to any such incident. **Attach additional pages if necessary or use the back of the form.**

Proposed Access or Accommodation:

Describe what action you believe should be taken to remedy your grievance.

Signature: _____ Date: _____