ASU Disability Services
Grievance/Complaint Form

Name _____ **ID#** _____

1. What is the reason for your grievance?

Discrimination ☐ **Academic problems** ☐ **Accessibility** ☐ **Parking** ☐

2. Please describe (in detail) the problematic issue/situation.

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3. How would you like to resolve your problem?

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Student Signature _____ **Date** _____

DS Representative _____ **Date** _____