

Accommodations Appeal / Complaint Form

Use this form to

1. Appeal a decision related to accessibility and accommodations.
2. Report an instance where an approved accommodation was not provided.

Please send completed form to Accessibility@Lindenwood.edu

Student Name: _____ **Student ID Number:** _____

Student Phone Number or Email address: _____

Complaint allegations (i.e., failure to approve requested accommodation, failure of process, failure to provide granted accommodation):

Please describe how your ability to participate is lacking or impaired and what is the desired outcome you are seeking:

Persons Involved (include titles/roles): _____

Potential witnesses, identity (e.g., student/staff/third party) and contact information: _____

Checklist for Office Use Only

Date Complaint Received: _____ Time Complaint Received: _____

Complaint Received By: _____

Method of Receipt: _____

Make determination regarding allegations according to procedure
___Approved

___Denied

___Approved with Modification

___Additional Documentation / Information Needed

Basis for decision: _____

Provide notice of determination

Provide remedy (if necessary)

Take corrective action (if necessary)