



SIMMONS UNIVERSITY
DISABILITY SERVICES
Center for Student Success
300 The Fenway, Boston, MA 02115
p. 617.521.2474 f. 617.521.3079

Grievance Form

SIMMONS ID# _____

NAME _____

PERMANENT ADDRESS _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

SIMMONS EMAIL ADDRESS _____

This Appeal/Grievance is being filed based on the following (select one):

- Eligibility decisions made by Disability Services for students seeking accommodations
- Decisions made by Disability Services to determine appropriateness of academic accommodations
- Decisions made by a faculty member not to provide approved accommodations to a student as indicated on the official Student Accommodation Letter
- Other – Please Specify _____

Please attach a typewritten statement and any additional supporting documents.

I understand the Disability Services Appeals and Grievances Policy and will adhere to its guidelines and procedures.

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____ Date Concluded _____

Summary of Decision _____

