Disability Resource Center
Grievance Review Request Form
University of Nevada, Las Vegas

In general, this grievance procedure is designed to address disagreements regarding eligibility of
disability status, requested services, accommodations, or modifications to University practices or
requirements by the DRC. It is not intended to supersede other University policies and
procedures which may exist for addressing alleged violations of the ADA and/or Section 504.

Your Name:__________________________________________________
Address: _______________________________________________City:__________________
State: _____ ZIP: _________ Telephone: __________________________
Email: ________________________________
Preferred method of contact: Email ___ Phone ___

Date(s) of Incident: _______________________________________________

Name of DRC Staff member involved: ________________________________

On a separate piece of paper please identify the incidents or events that you
believe discriminate against you. Use this page as a coversheet for your
statement. Include the following items in your written grievance.

1. The reason you are requesting a review/grievance.
2. The specific events or facts that have occurred.
3. The remedy and resolution that you are seeking
4. Include copies of documents or communication that you wish to present

Use additional pages and paper as necessary. Be sure to attach all documents.

Please refer to the 504/ADA Student Grievance Procedure located on the
Disability Resource Center website for timelines and appeal processes.