

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.