Southeast Missouri State University
Initiation of Grievance Procedure for Students with Disabilities

Student Name_____ Student ID: S0_____
Address_____
Telephone Number _____ Date: _____

1) Please state the specific reason for your Grievance:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2) When did this incident occur? _____

3) Please list other individuals that have knowledge of the incident or were involved:
_____
_____
_____
_____
_____
_____
_____

4) What is the resolution that you are seeking regarding this incident?
_____
_____
_____
_____
_____
_____

_____

Student Signature **Date**
Please use additional sheets as necessary.

FOR DSS USE ONLY:
Received by: _____ Date: _____
Response by: _____ Date: _____