

# Michigan Technological University ADA/Section 504 Grievance Form

Michigan Technological University prohibits discrimination against qualified individuals with disabilities in its services, programs, and activities.

Sufficient data should be included to substantiate any claims or charges. Please type or print clearly. Attach additional sheets if necessary.

|  |       |          |                 |
|--|-------|----------|-----------------|
| Grievant's Name  |       |          | Home Telephone  |
| Mailing Address (Street Name and Number)   |       | Apt. #   | Other Telephone |
| City   | State | Zip Code | Email Address   |
| I am a: <input type="checkbox"/> Student <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Staff <input type="checkbox"/> Faculty Member <input type="checkbox"/> Other |       |          |                 |

1. Please describe the particular way in which you believe you have been denied access to a University service, program, or activity due to your disability.

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2. If known, please state the name of the office, department, or employee (and employee's department) responsible for providing the program or service to which you believe you were denied access.

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3. Please specify all dates, times, and places of incidents.

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4. If known, please specify the names and/or positions of any University staff or faculty involved.

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5. If known, please provide the names and contact information of any witnesses.

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6. Describe what action you believe should be taken to remedy your grievance.

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|----------------------|------|
| Grievant's Signature | Date |
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Please submit the completed and signed form and any attachments to:

Susan Sullivan  
ADA/504 Coordinator  
Institutional Equity and Inclusion  
Room 304 Administration Building  
Houghton, MI 49931  
Tel: (906) 487-3310  
Fax: (906) 487-8242  
Email: [equity@mtu.edu](mailto:equity@mtu.edu)