



# St. Louis Community College

Florissant Valley  
Forest Park  
Meramec  
Wildwood

Grievance Number: \_\_\_\_\_

**CONFIDENTIAL**

## ADA/504 Grievance Form For Students\*

All student grievances will follow the procedures listed in Administrative Procedure G6.1\*\*. Additional information may be attached to this form. This form must be filed with the applicable ADA Campus/CC Compliance Officer within fifteen (15) working days of the date the alleged grievance occurred.

\* A **Student** is defined as an individual with a disability or perceived disability who has been accepted to the College and is either enrolled in classes or taking appropriate action to enroll in classes. "Working days" will mean calendar days but will not include Saturday, Sunday, college-designated holidays or semester breaks.

Location:                                      FP       FV       M       CC       HNEC       SCEC       WW

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Step 1:** Write the Nature of Grievance or Description of Grievance (include names, dates, and details; how was equal access denied?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Alleged Grievance Occurred: \_\_\_\_\_

Remedy Sought (How will remedy provide equal access?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Grievant

Date

\*\*\*\*\*  
Grievance Received by ADA Campus/CC Compliance Officer (Date & Signature): \_\_\_\_\_

Resolution efforts shall be conducted between the grievant and appropriate campus/administrative department for up to twenty (20) working days after the filing of the grievance. A decision by the appropriate administrative officer or his or her designee shall be rendered within ten (10) working days after the twenty working day period or final departmental resolution, whichever date is earlier.

**Decision:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Appropriate Administrator or his/her designee

Date

Grievant to initial on appropriate line to acknowledge notification of decision and

(Grievant initials) \_\_\_\_\_ Agrees                      OR                      \_\_\_\_\_ Disagrees

Signature of Grievant

Date

(It is the responsibility of the grievant to notify the ADA Campus/CC Compliance Officer if he/she wishes to appeal the aforementioned decision within ten (10) working days of the appropriate administrator's decision.)

I wish to appeal the decision of my grievance.

Signature of Grievant

Date

Part II  
St. Louis Community College  
ADA/504 Formal Grievance Form  
For Students

**Step 2:** If the grievant is not satisfied with the decision at Step 1, the grievant may file a written appeal within ten (10) working days of the administrator's decision to the ADA Campus/CC Compliance Officer. The ADA Campus/CC Compliance Officer shall conduct an investigation and render a decision within fifteen (15) working days after receipt of the appeal.

Grievance Received by ADA Campus/CC Compliance Officer (Date and Signature): \_\_\_\_\_

**Decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of ADA Campus/CC Compliance Officer Date

\_\_\_\_\_  
Signature of ADA District Coordinator Date

\_\_\_\_\_  
Signature of Grievant Date

I wish to appeal the ADA Compliance Officer's decision of my grievance.

\_\_\_\_\_  
Signature of Grievant Date

**Step 3:** A written appeal to the President/Vice Chancellor (as appropriate to location) must be filed within ten (10) working days of the ADA Campus/CC Compliance Officer's decision. The appeal shall include a copy of the original grievance and decisions rendered in Step 1 and Step 2.

Grievance Received by President/Vice Chancellor (Date and Signature): \_\_\_\_\_

The President/Vice Chancellor or his/her authorized representative shall conduct an investigation and confer with appropriate persons within ten (10) working days after receipt of the appeal. The President/Vice Chancellor shall render a written decision and the reasons for the decision within twenty (20) working days following the receipt of the appeal request. The decision of the President's/Vice Chancellor shall be final.

**Decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of President/Vice Chancellor Date

\*\*A complete copy of this grievance procedure is available at <http://www.stlcc.edu/pol/slccprocedures.pdf>, Administrative procedure G6.1 and the current *Factfinder Student Handbook*.

If you need accommodations to complete the form, or an alternate format, please contact the Services for Students with Disabilities Office/Access Office, disAbility Support Services, or designated staff at the College Center.

**Distribution:** Grievant – Campus President/Vice Chancellor – Campus/College Center ADA Compliance Officer – ADA District Coordinator – Campus Access Office/Designated College Center Office