

The Disability Resource Center approves accommodations for students based on an interactive on-going process with students to meet their individual needs.

In accordance with Policy 05-004: Accessibility and Reasonable Accommodation for Individuals with Disabilities Policy, the University of Florida ("UF") has adopted the following grievance procedure to address student accommodation appeals.

- **Step 1:** Student to meet with their assigned Accessibility Specialist within the Disability Resource Center to review a specific accommodation request.
- **Step 2:** If the Accessibility Specialist determines the accommodation request is not reasonable and the student does not agree, the student may appeal in writing and meet with the Assistant Director for Access within 15 business days.
- **Step 3:** If the Assistant Director for Access determines the accommodation request is not reasonable and the student does not agree, the student may appeal in writing and meet with the Associate Director within 10 business days.
- **Step 4:** If the Associate Director determines the accommodation request is not reasonable and the student does not agree, the student may appeal in writing and meet with the Director within 10 business days.
- **Step 5**: If a student does not agree with the determination made by the Director of the Disability Resource Center, the student may appeal in writing by submitting an official UF ADA grievance to the ADA/504 Coordinator using this form within 10 business days. The ADA/504 Coordinator's determination is the final determination for the University regarding the student's accommodation concern.

As part of Step 5, the ADA/504 Coordinator may review any information necessary specific to the student's concern. Additionally, it is the purview of the ADA/504 Coordinator to determine whether a meeting with the student, DRC, or any other individual or office is needed to either resolve or render a determination regarding the student's accommodation grievance.

INSTRUCTIONS:

Use this form if you are a STUDENT and you wish to file a grievance based on the following:

• You believe you were wrongfully denied a reasonable accommodation that you requested.

Students should only complete this form once all steps within the Disability Resource Center appeal process have been completed, including meeting with the Director of the Disability Resource Center regarding the accommodation concern.

STUDENT Information

[AUTHENTICATION]
STUDENT Name:
Student UFID:
Best Phone Contact:
University Email:
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Appeal Information
1.What is the nature of your Appeal?(Required)
$\hfill\square$ I was wrongfully denied a reasonable accommodation that I requested. $\hfill\square$ Other
2. If you selected "Other" above, please provide additional details:
3. Name and role of person and/or office involved:(Required)
4. Please briefly describe what happened (you may also attach a more detailed statement). Include dates and any relevant background and list any forms or documents you may have that support your appeal (these can be uploaded later or provided in hard copy form to the ADA Office).(Required)

5. What outcome or resolution are you seeking?(Required)
6. List any other members of the University community who have been involved:
7. List all members of the Disability Resource Center team who have been involved with this process, so far, and what dates that you met with the individuals:(Required)
By submitting this form, I:(Required) ☐ Agree that the information provided above is, to the best of my knowledge, accurate. ☐ Agree to participate in the appeal process in good faith. ☐ Agree that I have completed all the steps within the Disability Resource Center's accommodation appeal process prior to submitting this form.
Select date:(Required)
Signature: (Required)

Supporting Documentation

If you have any supporting documentation, please attach as a .pdf or.jpeg file when you submit this form. This could include information to or from UF, any correspondence received, or any other information that supports your appeal. 5GB maximum total size.

Please provide attachments via email when submitting this form.