



URSINUS INSTITUTE
FOR STUDENT SUCCESS
Ursinus College

Preliminary Grievance Form

Date: _____

Name: _____

Address: _____

Email: _____ Phone: _____

Academic Related Concern: _____ Non-Academic Related Concern: _____

I believe I have been subjected to discrimination on the basis of my disability, in violation of Ursinus College policies, by (name of staff/faculty person and department or office)

Description of Concern

Remedy or Resolution Desired: (please describe):

Signed: _____

Please make a copy of this form for yourself before you submit the original to the Disability Services located within the Ursinus Institute for Student Success.