MCC Mohave Community College

Accommodation Services
ADA/504 Grievance Resolution

Pursuant to MCC Equal Opportunity policy for the resolution of grievances in regard to the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act.

This form is used to initiate an informal grievance procedure.

The date of the "filing" or "initiation" of the formal grievance shall mean the date of actual receipt by the Compliance Officer for level 2, and the date of actual receipt by the Dean of Student Services for level 3.

Name of Complainant: _____ MCC ID #: _____

MCC Email: _____ Phone #: _____

Address: _____

City/State/Zip Code: _____

1. Please describe the incident which occurred that you believe is not in compliance with disability law. Be as specific as possible, including dates, times, classes, instructors, etc. as appropriate. If the issue is a barrier to access, please include specific locations. (Additional pages/documentation may be emailed to dbristle@mohave.edu)

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Additional pages/documentation are attached: Yes No

Printed Name: _____

Complainant Signature: _____

Date: _____