

**NORTH DAKOTA STATE UNIVERSITY  
DISABILITY SERVICES PROBLEM/COMPLAINT FORM**

Please complete this form to summarize the problem/complaint you are experiencing at NDSU Disability Services. Return this form to the Disability Services Director, Mail Library Suite 17 , NDSU, Fargo, ND 58108.

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF DISABILITY SERVICES STAFF INVOLVED: \_\_\_\_\_

BEGINNING DATE OF PROBLEM/COMPLAINT: \_\_\_\_\_

**DESCRIBE THE SITUATION AND THE NATURE OF THE PROBLEM/COMPLAINT. You may attach other pages as needed to describe the problem clearly and completely.**

---

---

---

---

---

**IDENTIFY THE STEPS YOU HAVE TAKEN TO RESOLVE THE DIFFERENCES BETWEEN YOU AND THE INVOLVED DS STAFF.**

---

---

---

---

---

**WHAT RESOLUTION ARE YOU SEEKING?** \_\_\_\_\_

---

---

---

---

***Important:*** If you do not receive an email confirmation from Disability Services within 24 hours from the time you submitted this form online, please contact Gail Bollinger at [gail.bollinger@ndsu.edu](mailto:gail.bollinger@ndsu.edu) or 701-231-7198.