

**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, Main Library, Lower Level, 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 Mark Coppin at mark.coppin@ndsu.edu or 701-231-7198.