Stephens College ADA Grievance Form

Name:_____ Phone:_____

Address:_____ E-mail:_____

Pursuant to the College's ADA Grievance Policy and Procedure, this form is to report an alleged ADA violation.

Please explain in detail the location, date, and description of the alleged violation. It is important to be specific with regard to any facts supporting your position. Please attach additional sheets if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please identify the relief or resolution you are seeking. Please attached additional sheets if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The following is contact information for the College's ADA/Section 504 Coordinator; the form can be sent via mail, e-mail, and/or fax—or delivered in person to the Coordinator:

Sady Mayer Strand
ADA/Section 504 Coordinator at Stephens College
Campus Box 2111
1200 E. Broadway
Columbia, MO 65215
573-876-7240
smayer@stephens.edu
Fax: 1-800-672-4318