



Grievance Procedure
Disability Resource Center

- Montclair State University is committed to the ideal that all students should have recourse from unfair and improper action on the part of any member of the university community. If, at any time, a student feels that he or she has been subject to unjust actions or denied his or her rights, redress can be sought through the filing of a grievance, or an appeal of the decision/action taken in response to a grievance, within the framework of policy and procedures.
- Montclair State University has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act or the Americans with Disabilities Act of 1990.
- Students who have a complaint regarding a disability issue, or who feel they have been the subject of possible discriminatory treatment on the basis of their disability, should direct their initial complaint by meeting with the Director of the Disability Resource Center or by completing this form. Grievances should be filed within 20 days of the time the claimant becomes aware of the alleged violation.
- Upon receipt of said complaint, the Director will investigate the complaint by contacting all interested parties. A resolution will be offered to the student within 10 working days.
- If the student's complaint is against the Disability Resource Center office or staff, he/she should meet with or send this completed form to the Dean of Students, who will follow the above procedure.
- If the resolution is not satisfactory, the student should make an appointment to pursue the grievance with the University's Section 504 Compliance Officer, Dr. Shannon Gary.
- Although students are encouraged to attempt to resolve all grievances using the internal grievance procedure, the student has the right to file an external grievance with the Office of Civil Rights. Complaint forms are available in the Disability Resource Center.

To file a complaint regarding accommodations or services, please provide the following information:

Name _____

CWID #: _____

Home Address: _____

City _____ State _____ Zip Code _____

Phone Number(s): _____

Email Address: _____

Counselor (DRC): _____



Please address the following

1. What is the nature of your concern/complaint?

2. What steps have been taken to resolve the concern(s)?

3. What action would you like to see taken to resolve this issue?

4. Other comments:
