

**LaGuardia Community College
Office for Students with Disabilities**

Disability Grievance Form

Name: _____

Student ID # _____

Phone # _____

Email Address: _____

State the name of the office or employee whom you believe denied you the benefits of any reasonable accommodation or College service, program, or activity due to your disability.

Please provide a complete description of your grievance. If possible, specify the date(s) and time(s) of the incident(s):

Please attach additional pages as needed.

Signature: _____

Date: _____