

# Disability Services Office Complaint Form

## Kutztown University Disability Services Office (DSO)

Kutztown University is committed to providing accommodations to individuals with disabilities to ensure equal access to university programs, services, and facilities. If you have a concern about equal access and/or accommodations, please complete this form. The Director of the Disability Services Office or their designee will contact you within 24 business hours regarding your concern(s).

### Part 1: Demographic Information

Name: \_\_\_\_\_ KU ID: \_\_\_\_\_ KU Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
ZIP: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

### Part 2: Type of Concern/Complaint

The accommodation/s that I requested were not approved by the Disability Services Office.

My approved accommodations are not being implemented by a Professor or Department.

I have a concern regarding access and inclusion at KU.

### Part 3: Occurrence/Incident details

Name of Individual and/or Department Involved in the Complaint: \_\_\_\_\_

Date(s) and Time(s) of the Occurrence/Incident: \_\_\_\_\_

### Part 4: Concern/Complaint Narrative

Please provide a detailed description of the concern/complaint using specific and concise language (who, what, where, when, why, how). If you need more space, please write it in a separate document and attach it in an email to [DSO@kutztown.edu](mailto:DSO@kutztown.edu) with the subject line: Concern/Complaint.

## Part 5: Supporting Documentation

Please submit any documentation such as emails, graded assignments, syllabi, photos, or any other documents that support your concern/complaint in an email to [DSO@kutztown.edu](mailto:DSO@kutztown.edu) with the subject line: Concern/Complaint.

## Part 6: Student Consent and Signature

Read and approve the following statement(s):

\_\_\_\_\_ I give my permission to the Disability Services Office to share limited information contained within this this narrative and/or supporting documents with appropriate faculty/staff in order to work toward a resolution of the concern/complaint.

\_\_\_\_\_ I understand if the Director of Disability Services is unable to resolve this matter to my satisfaction, I may follow the formal grievance procedure through the Office of Social Equity (for complaints of discrimination and/or denial of approved accommodations) or the Accommodation Appeal Process (for denial or requested accommodations).

\_\_\_\_\_ I understand that knowingly providing any false statements on my part may be sufficient for the dismissal of my concern/complaint.

Student Signature

Date

Kutztown University does not discriminate in employment or educational opportunities on the basis of sex, race, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity, or veteran status. To discuss a complain of discrimination, please contact the University's Title IX Coordinator located in the Office of Social Equity, Old Main A-Wing, Room 02, by phone at 610-683-4700 or by email at [pena@kutztown.edu](mailto:pena@kutztown.edu) or the Office for Civil Rights located in the Lyndon Baines Johnson Department of Education Building, 400 Maryland Avenue, SW, Washington, DC 20202-1100, by phone at 800-421-3481 (TDD: 800-877-8339), by fax at 202- 453-6012, or by email at [OCR@ed.gov](mailto:OCR@ed.gov).

Kutztown University Disability Services Office (DSO) contact information:

Voice: (610) 683-4108

TTY: (610) 683-4499

FAX: (610) 683-1520

Email: [DSO@kutztown.edu](mailto:DSO@kutztown.edu)

Website: