



Disability Support Programs and Services

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Student Concern Form

NOTE TO STUDENT: If you would like to share a DSPS concern with the DSPS Program Manager or Vice President of Student Services, please complete the following information in order to help our office assist you. Upon completion of this form, you will be contacted.

Today's Date: _____

Name: _____

Concern in regards to a DSPS class and/or department accommodations and services. Please explain:

Has the concern been discussed with any other college representative? Yes _____ or No _____

If "Yes", the person's name or department _____

Student's Name: _____

Phone #: (_____) _____ - _____ (_____) _____ - _____
Home Alternate (Cell, Work, Other)

Email Address: _____ CSID#: _____

FOR OFFICE USE ONLY

Report Received By: _____ Date: _____

Resolution if Applicable: _____

Name: _____ Date: _____