



Reasonable Accommodation Appeal Form

Instructions

This form is used by students, employees and departments appealing a final determination of the Resource Center for Persons with Disabilities (RCPD) to grant or deny an accommodation. Appeals must be filed within thirty (30) calendar days of RCPD's final determination. Appeals may be filed with:

The Office of the ADA Coordinator
Office of Institutional Equity
4 Olds Hall · 408 West Circle Drive · East Lansing, MI · 48824
Facsimile: (517) 884-8513 · Email: oiie@msu.edu

Date: _____ Name of Individual filing Appeal: _____

Appeal by: (Please check one) Student Employee Department

Phone Number: _____ Email: _____

RCPD Specialist (if known): _____

SEAD or VISA # (if known): _____

Date of RCPD Final Determination: _____

Appealed to RCPD Director: (Please check one) Yes No

Student Appeals (To be completed by students appealing a final determination)

Class: _____

Instructor Name: _____

Instructor Email: _____ Instructor Phone Number: _____

Employee Appeals (To be completed by employees appealing a final determination)

Department Name: _____

Supervisor Name: _____

Supervisor Email: _____ Supervisor Phone Number: _____

Office of Institutional Equity
4 Olds Hall · 408 West Circle Drive · East Lansing, MI · 48824
Telephone: (517) 353-3922 · Facsimile: (517) 884-8513
Email: oiie@msu.edu · Web: <http://oiie.msu.edu/>



Reasonable Accommodation Appeal Form

Department Appeals
(To be completed by departments appealing a final determination)

Department Name: _____
 Supervisor Name: _____
 Supervisor Email: _____ Supervisor Phone Number: _____

**Please describe the accommodation(s) that was granted or denied
(Attach additional sheets if necessary):**

**Please describe why you believe RCPD’s decision was incorrect
(Attach additional sheets if necessary):**

**Acknowledgement: To be signed by Students and Employees
appealing a final determination**

I understand that I may have rights to relief under state and federal laws, and filing this appeal does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I also understand that if I am a member of a collective bargaining unit, I may have rights to grieve this action, and filing this appeal does not substitute for that process or enlarge the time available for filing a grievance.

Signature _____
Date



Reasonable Accommodation Appeal Form

Disposition: To be completed by OIE

Appeal of Final RCPD Determination: Affirmed Reversed
Remanded to RCPD for clarification or modification

Comments:

Signature Office of the ADA Coordinator

Date