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: oie@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: oie@msu.edu · Web: http://oie.msu.edu/
Revised June 26, 2017
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**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
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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