



MITCHELL | HAMLINE  
School of Law

**Preliminary Disability Discrimination Grievance Process Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I believe I have been subjected to discrimination on the basis of my disability, in violation of Mitchell-Hamline School of Law policies, by (name of staff/faculty person and department or office)

\_\_\_\_\_  
\_\_\_\_\_

**Description of Concern**

**Remedy or Resolution Desired: (please describe):**

Signed: \_\_\_\_\_

*Please make a copy of this form for yourself before you submit the original to the Assistant Director of Disability and Student Services or Dean of Students, as applicable.*