



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.