

## <u>Jefferson Community College</u> <u>ADA/504/Title IX Compliance Grievance Form</u>

Personal Information		
Name:		
Preferred pronouns: He/Him She/Her	They/Them/Their Da	ate:
Maiden/Previous Last name if applical	ble:	
Date of birth:/	J Numb	er:
Gender: MF	_ XPrefer not to	answer
Mailing address:		
City	State:	Zip Code:
Home phone:	Cell phone:	
JCC email:		
O Academic Accommodations O Residential Accommodations O Both Academic and Residential acc O General Discrimination O Pregnancy and/or Parenting Discrim In your own words, please describe th	nination	e filing (attach additional sheets as necessary):

Pleas	se mark your availability to meet with the ADA/504 Compliand _MondayAM orPM _TuesdayAM orPM _WednesdayAM orPM _ThursdayAM orPM _FridayAM orPM	ce Officer:
truthi	gning this document, I am agreeing that all the information th ful. I have provided all the details to the best of my ability. I ha ort my grievance.	
Stud	ent Signature Date	
DI	se submit this form to: <a href="mailto:gthompson@sunyjeffersion.edu">gthompson@sunyjeffersion.edu</a> or dro	
. 100	or district time form to: garompoon county jone form care	op on to omoo 1 120.
	FOR OFFICE USE ONLY	
	FOR OFFICE USE ONLY	
	Date and time form received	
	Date and time form received  Date and time that student was contacted:	
	Date and time form received  Date and time that student was contacted:  Meeting scheduled for:	Location:
	Date and time form received  Date and time that student was contacted:	