UC Davis
Student Disability Center
Appeals Form

All student appeals related to Student Disability Center (SDC) administrative decisions involving requests for accommodations follow SDC Appeals Procedure. To file an appeal regarding accommodations or services, please provide the following information:

Name: __________________________  Student ID#: __________________________
Telephone#: ( )___________________  Email: __________________________
Address:_________________________________________________________________

SDC Specialist: __________________________  Date Occurred: __________________________

1. Indicate the nature of your appeal:
   - The decision reflects a failure to follow University policy.
   - There is new information not taken into account by the decision maker.
   - The decision reflects an abuse of discretion by the decision maker.

2. Provide an explanation for Item 1:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Indicate what step(s) have been taken to resolve the concern(s):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. Indicate what action(s) you would like to see taken to resolve this matter:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: __________________________  Date: __________________________

You may also file a grievance pursuant to UC Davis Policy and Procedure 280-05 Student Complaints of Prohibited Discrimination, Harassment, or Arbitrary Treatment or directly to the US Department of Education Office for Civil Rights (OCR): 50 Beale Street, Suite 7200, San Francisco, CA 94105-1813; Telephone: 415-486-5555.

For additional space, please attach separate pages to the form.

11/2015