

**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.