

Special Populations Grievance Process

Non-Discrimination Statement

The Board of Trustees and the Administration of Central Carolina Community College (CCCC) commits itself to positive action to secure equal opportunity regardless of those characteristics. Should a student feel his/her rights under The Americans with Disabilities Act or The Rehabilitation Act of 1973 have been violated, he/she may use this form to submit a complaint to the college.

Accommodation Appeal Form

Students have the right to appeal an accommodation request denial within thirty (30) business days after the initial accommodation decision. First, the student must go to the Coordinator of Accessibility Services and attempt to resolve the problem. If an agreement for accommodation is not agreed upon at this stage the student must follow the steps below and completing the Accommodation Appeal Form.

Complainant Section 1	
Student Name:	Student Id:
Phone Number(s):	E-mail:
Address:	
*Date of First Denial:	
Please describe the requested accommodation. Include how it specifically relates to your disability in an educational capacity.	
* Date of First Denial in Section 1 should match Date of First Denial in Section 2.	
Student Signature:	Date:
Submit the Accommodation Appeal Form with Section 1 completed to the Coordinator of Accessibility Services.	

The Coordinator of Accessibility Services will review Section 1 and render a decision to either uphold or amend the accommodation. The Coordinator of Accessibility Services records the decision in Section 2 and reports this information back to the student.

Coordinator of Accessibility Services Section 2	
Date Accommodation Denial Appeal Form was received:	
*Date of first denial:	
Defense of accommodation denial:	
* Date of First Denial in Section 2 should match Date of First Denial in Section 1.	
Amendments to original accommodation:	
Coordinator of Accessibility Services Signature:	Date:

Based on the Coordinator of Accessibility Services decision, the student indicates in Section 3 whether to accept the Coordinator’s decision or to continue the appeal process.

Complainant Section 3	
Is the above response accepted by you, the complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Signature:	Date:

If the student wishes to continue the appeal process, then the student can appeal the Coordinator’s decision to the Dean of Students in Section 4.

Dean of Students Section 4	
Date Accommodation Denial Appeal Form was received:	
Finding:	
Recommendations:	
Dean of Students’ Signature:	Date:

The Dean of Students will either uphold or overturn the original finding including recommendations on how to proceed. If, after completing Section 5, the student feels that the issue is still unresolved, then the student has the right to appeal the Dean of Students' decision to the Vice President of Student Services

Complainant Section 5	
Date Accommodation Denial Appeal Form was received:	
Is the above response accepted by you, the complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Signature:	Date:
If the Dean of Students' finding is not sufficient to your needs please take this form to the Vice President of Student Services for further review.	

The Vice President of Student Services will respond with a decision to uphold the original finding or to overturn the Dean of Admission's decision (Section 6).

Vice President of Student Services Section 6	
Date Accommodation Denial Appeal Form was received:	
Final Review Summary:	
Vice President of Student Services' Signature:	Date:
Student Signature:	Date: