

# Accommodation Appeal Form

## Purpose

This form is used by students, employees, supervisors, colleges, departments and units appealing a final determination by the Resource Center for Persons with Disabilities (RCPD) to grant or deny an accommodation. Appeals must be filed within thirty (30) calendar days of RCPD's final accommodation decision. The ADA Coordinator may extend this timeline for good cause. Appeals are filed with:

## The ADA Coordinator

Office for Civil Rights  
408 West Circle Drive, Suite 105  
East Lansing, MI 48824  
Phone: (517) 355-3960  
Email: [ocr@msu.edu](mailto:ocr@msu.edu)

## Instructions

Please provide the following information

Date: \_\_\_\_\_

Name of Individual filing Appeal: \_\_\_\_\_

Appeal by: Student  Employee  Supervisor/College/Department/Unit

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

RCPD Specialist (if known): \_\_\_\_\_

SEAD or VISA # (if known): \_\_\_\_\_

Appealed to RCPD Director: Yes  No

## Reason for Appeal

Please describe the accommodation(s) that was granted or denied:

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Please describe why you believe RCPD's decision was incorrect:

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### Acknowledgement

To be signed by Students and Employees appealing a final determination

I understand that I may have rights to relief under state and federal laws and filing this appeal does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I also understand that if I am a member of a collective bargaining unit, I may have rights to grieve this action, and filing this appeal does not substitute for that process or enlarge the time available for filing a grievance.

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Signature

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Date