



Name: _____ myWSU ID# _____

Today's Date: _____ Class/Event: _____

When did the incident occur? _____

Where did the incident occur? _____

Please describe fully, but as succinctly as possible, your concerns:
(The box below will expand as needed, or you may use a separate piece of paper.)

What **efforts** have been made to resolve this issue? List location of meetings, all individuals involved, and date.
(The box below will expand as needed, or you may use a separate piece of paper.)

Please state the remedy or relief you are seeking or requesting:
(The box below will expand as needed, or you may use a separate piece of paper.)

Name: _____
Print

Date: _____

Signature: _____

Accessibility Incident Appeal form received on this date: _____
Date

by Vice
President/designee: _____

