



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.)

[Large empty rectangular box for describing concerns]

What informal 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.)

[Large empty rectangular box for describing informal efforts]

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.)

[Large empty rectangular box for stating remedy or relief]

Name: _____
Print

Date: _____

Signature: _____

Disability Services Incident Form received on this date: _____
Date

by ODS representative: _____