

YESHIVA UNIVERSITY

Office of Disability Services

215 Lexington Avenue, Suite 505
New York, NY 10016
(646) 592-4132

500 West 185th Street, Suite 412
New York, NY 10033
(646) 592-4280

GRIEVANCE PROCEDURE

If a University student believes a disability services accommodation has been incorrectly decided, he or she has the right to seek a review of such concerns. It is recommended that the student speak first about his or her concerns with the Office of Disability Services (ODS) to discuss the situation and work toward achieving a successful resolution.

In the event that such concerns cannot be resolved directly with ODS, students may file a formal grievance. Any grievance must be filed within **30 days** of when the problem occurred.

The grievance application should be completed and sent to the University Dean of Students, who serves as the chairperson of the Appeals Committee.

Dr. Chaim Nissel, Psy.D.
Vice Provost for Student Affairs
2501 Amsterdam Avenue, Rubin Hall 110
New York, NY 10033
dmissel@yu.edu

The Appeals Committee is comprised of representatives selected from professional offices throughout the university. The committee may contact the instructor, program managers, or other appropriate personnel to discuss the requested accommodations, as needed. The committee may also request additional documentation or an independent medical evaluation on the request for accommodation. Upon receiving the completed grievance form, the Committee will have **10 working days** to arrange a time to meet with the student and a representative of the ODS to review the situation. The Committee will have an additional **10 working days** to reach a decision and notify the student and the ODS representative in writing. A student may request another student or faculty or staff person to accompany him or her through the steps of the procedure.

A student who makes use of the grievance procedure shall not be retaliated against in any way for doing so. **The decision by the Appeals Committee is final; no additional appeals within the University are available.**

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GRIEVANCE APPLICATION

Today's date: _____

Name: _____ School: _____

Phone: _____ E-mail: _____

Date(s) of grievance event: _____

Description of the grievance:

Please return to: Dr. Chaim Nissel, Psy.D.
Vice Provost for Student Affairs
2501 Amsterdam Avenue, Ruben Hall 110
New York, NY 10033
drnissel@yu.edu

For Office Use Only:

Date of meeting with Grievance Committee: _____

Findings by Grievance Committee: _____