

## Service and Assistance Animal Grievance Form

Resident Name (Animal Handler) if known: \_\_\_\_\_

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Person filing grievance:

- Faculty
- Staff
- Resident

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Residential dormitory: \_\_\_\_\_

Room Number: \_\_\_\_\_

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Date of occurrence of threatening or disruptive behavior by animal: \_\_\_\_\_

\*Grievance must be submitted to housing staff within 5 days of occurrence

I have observed disruptive or threatening behavior by a service or assistance animal on campus. The behavior was as follows:

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