AUBURN MONTGOMERY
CENTER FOR DISABILITY SERVICES

Service and Emotional Support/Comfort Animal Grievance - Housing

Resident Name (Animal Owner) **if known**: _____

Person filing grievance (check one): _____Faculty _____Staff ____ Student

Printed Name: _____

Residential Hall: _____ Room Number: _____

Date of occurrence of threatening or disruptive behavior by animal (grievance must be submitted to Center for Disability Services staff within 5 days of occurrence): _____

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

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Photos of animal owner and/or animal can be submitted via email to CDS at cds@aum.edu

Return completed form to:

Center for Disability Services
147 Taylor Center
(334) 244-3631
cds@aum.edu

Adapted from Armstrong State University ODS – March 2018