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