Service and Emotional Support Animal
Grievance Form

Resident Name (Animal Owner) if known: ____________________________________________

Person filing grievance (check one):     _____ Faculty     _____ Staff     _____ Resident

Printed Name: ____________________________________________

Residential Community: ____________________________ Room Number: ____________

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 emotional support animal on campus. The behavior was as follows:

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Signature: ____________________________________________ Date: ________________