



UTA Movin' Mav Wheelchair Basketball

NON-ACADEMIC GRIEVANCE FORM 2006-2007

INQUIRY INFORMATION

Date of Occurrence: _____ Classification: _____
Name: _____ School ID Number: _____
E-Mail Address: _____ Home Phone: _____
UTA Address: _____ Cell Phone: _____

INQUIRY DETAILS

This form must be completed within 5 working days of the incident. Please return form to: Box 19260, Arlington, TX 76019. Please be accurate in completing all parts of this form. This information is necessary in order to initiate the processes and to insure quality customer service.

Give a brief statement on the issues or incident in the space provided below. Please include all necessary details as well as names of individuals if applicable.

NOTE – Attach all supporting documentation.

SIGNATURE:

DATE:

FOR OFFICE USE ONLY

Date Received: _____
Administrative
Signature: _____

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

For more information on this form, please call the Movin' Mav Office at 817-272-3410, fax 817-272-3345.

Revised on 12/15/2006