

United States Department of Education
Office for Civil Rights

DISCRIMINATION COMPLAINT

Part 1: Name of person filing this complaint:

[REDACTED]

Attorneys for [REDACTED]:

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Part 2: Name of person discriminated against:

Same as above.

Part 3: Name of institution or agency that engaged in the alleged discrimination:

Princeton University

Part 4: The basis of this complaint: Princeton has discriminated against [REDACTED] on the basis of his mental disability, namely, major depression.¹

Part 5: Description of each alleged discriminatory act, including the relevant dates; names of those involved, including witnesses; and why the complainant believes the discrimination was because of disability.

SUMMARY

At the time of Princeton's actions described below, [REDACTED] was fully qualified to continue as a residential student at Princeton. He was fully capable, with or without accommodations, of meeting the essential eligibility requirements for being a Princeton student, including meeting Princeton's academic and non-discriminatory behavior standards.

¹ [REDACTED] has received a recent diagnosis of Bipolar Disorder, Type II; therefore, Princeton University may regard him as having bipolar disorder.

1. Princeton University discriminated against ██████████ in response to a manifestation of his mental illness by taking the following actions after his suicidal gesture:
 - a. evicting him from his dorm room;
 - b. prohibiting him from attending classes;
 - c. banning him from all areas of campus; and
 - d. coercing him to withdraw “voluntarily” from the University.

2. Princeton denied ██████████ reasonable accommodations. When Princeton expressed opposition to ██████████ remaining in his dorm room and continuing as a student, ██████████ offered, at various times, to:
 - a. pursue a part-time academic schedule;²
 - b. live off-campus while pursuing a part-time academic schedule;³ and
 - c. take a single-semester leave of absence rather than a two-semester leave, on which Princeton was insisting.⁴

Princeton refused each of these accommodations.

3. Princeton discriminated against ██████████ by imposing on him conditions of re-enrollment that are needlessly onerous and intrusive, as well as more onerous and intrusive than those it imposes on students who withdraw for reasons of physical illness or disability.

FACTS

4. ██████████ enrolled as a freshman for the 2011-12 academic year at Princeton University. Before classes began, he sought treatment and a referral to an outside provider from Princeton University’s Counseling and Psychological Services (CPS) at the McCosh Student Health Center.

5. During the Fall 2011 semester, ██████████ received outpatient therapy services and attended group psychotherapy sessions at CPS and attended additional appointments for assessment and medication management. In addition, he began to see an outside psychiatrist, Dr. ██████████, to whom CPS had referred him.

² The normal course load at Princeton is four courses per semester. In “exceptional circumstances,” Princeton may allow a freshman student to take three courses per semester rather than four. *See* Undergraduate Announcement: Academic Standing and Regulations, *available at* <http://www.princeton.edu/ua/sections/9/>.

³ All undergraduates at Princeton are required to reside in a residential college during their freshman and sophomore years. *See* Parents’ Handbook 2011-12: Residential Life, *available at* <http://www.princeton.edu/pub/ph/residential-life/>.

⁴ Princeton told ██████████ that it does not permit leaves of absence of less than a year in cases like his. *See* Undergraduate Announcement: Academic Standing and Regulations, *available at* <http://www.princeton.edu/ua/sections/9/> (“...undergraduates are eligible to take leaves of absence at the discretion of the dean of the college for one, two, or three years, but not less than one year).

6. During the Spring 2012 semester, ██████████ stopped receiving services at CPS and began seeing Dr. ██████████ exclusively.
7. Throughout ██████████'s tenure at Princeton University, he had no disciplinary infractions or academic issues.
8. On Saturday, February 25, 2012, ██████████ took approximately 20 Trazodone tablets. He immediately attempted to induce vomiting, and then sought help at CPS, which transferred him to the University Medical Center at Princeton, from which he was discharged on Tuesday, February 28. The hospital psychiatrist noted that upon discharge ██████████ had scheduled follow-up appointments with a cardiologist,⁵ clinicians at the McCosh Student Health Center, and Dr. ██████████; continued attendance at his group therapy sessions at McCosh; and his mother's continued presence in the Princeton area for a period of time. The hospital staff and a county crisis screener determined that ██████████ did not pose an imminent risk of harm to himself or others.
9. With the help of friends who brought him course materials, ██████████ had been completing coursework from the hospital. As ██████████ prepared to leave the hospital to attend an evening class, ██████████, the Director of Student Life at ██████████'s residential college, left a voice mail on his mother's cell phone. Dr. ██████████ stated that ██████████ had been banned from campus⁶ and that he would not be permitted to return to his dorm room.
10. On February 29, 2012, ██████████ met with his treating therapist, Dr. ██████████. He also completed a telephonic intake for a partial hospitalization program (Princeton House), whose intake counselor scheduled him for an in-person interview on March 6. On February 29, ██████████ also met with Dr. ██████████, the director of CPS, and a CPS staff psychiatrist, Dr. ██████████, who said that they would assess ██████████ to determine whether he posed a danger to himself.
11. Immediately following his meeting with the CPS clinicians, ██████████ and his mother attended a "family meeting" with Student Life Director ██████████, Dr. ██████████, Dr. ██████████, and Associate Dean of Undergraduate Students, ██████████. ██████████ said he wanted to return immediately to university life at Princeton while pursuing outpatient treatment. Dr. ██████████ and Dr. ██████████ said they believed ██████████ posed a direct threat to

⁵ The hospital discovered ██████████ had a heart condition. ██████████ followed up with a cardiologist, who reported to Princeton that ██████████'s heart condition did not prevent his returning to school.

⁶ Princeton never articulated a reason for banning ██████████ from its 500-acre campus, which includes many publicly accessible areas, including an art museum, a theater, cafés and restaurants, a stadium, a convenience store, a bookstore, and sprawling green areas, and on which there are many events open to the public, such as lectures, musical performances, plays, and concerts. ██████████ was unable to meet his friends or professors on campus, or jog or bike through campus along Lake Carnegie while the ban was in place from February 28-April 24, 2012.

himself. ██████████ was strongly encouraged to “voluntarily” withdraw from Princeton.⁷ Dean ██████████ and Dr. ██████████ explained that such a withdrawal was “always the outcome in these cases.” It was reiterated that ██████████ was banned from campus and could not attend classes. ██████████ was cautioned that before he could be readmitted, he would have to demonstrate six to nine months of “demonstrated stability.”

12. At this meeting, Princeton officials also informed ██████████ that once a student misses approximately two weeks of class, it is generally considered too difficult to catch up academically; “in situations like this,” they explained, Princeton “always” urges voluntary withdrawal. If a student declines to voluntarily withdraw, Princeton requires the student to withdraw after approximately three weeks, without a refund of tuition or room and board.⁸ They also said ██████████ could not resume his studies in the Fall 2012 semester. He was told that Princeton is built upon a concept called “course-stacking,” designed to contribute to the “Princeton experience,” which could not accommodate his resuming his studies in the fall. Therefore, he could not re-apply for admission before the following spring semester.
13. When ██████████ asked whether he could take less than a full academic load, he was told that Princeton does not permit students to carry a part-time academic load.
14. In later conversations with ██████████’s counsel and in a March 26, 2012 letter, Princeton reiterated that it considers off-campus residency, reduced course loads, and single semester leaves of absence to be unreasonable accommodations and that it routinely denies them as fundamental alterations of “the Princeton experience.”
15. No one at the February 29 meeting informed ██████████ of his right to appeal the decisions, or how to do so.

⁷ The university’s policy on voluntary withdrawals states that, “An undergraduate who begins a term of study and leaves the university before the end of reading period is considered to have withdrawn voluntarily. Readmission is normally not guaranteed to a student who withdraws voluntarily. However, the Faculty Committee on Examinations and Standing generally gives favorable consideration to a request for readmission supported by a record of productive activity while away from Princeton that indicates readiness to resume full-time study without further difficulty or interruption. The dean of the college or the dean of undergraduate students also may establish specific additional requirements for readmission if the circumstances of the withdrawal warrant this action. All requests for voluntary withdrawal and applications for readmission must be presented to the Office of the Dean of the College for approval. A student who has had a total of three withdrawals from the University, whether voluntary or required for academic reasons, should not expect a further opportunity to qualify for a degree.” See *supra* note 2, Undergraduate Announcement.

⁸ This was repeated in conversations between counsel and is reflected in a March 26, 2012 letter from ██████████, the Vice President for Campus Life (“I do hope... that you will reconsider and take a voluntary withdrawal by no later than March 30, 2012. If you choose not to do so, I will require you to withdraw, which would then be reflected on your transcript.”). Princeton’s Undergraduate Announcement lists five circumstances that can lead to required withdrawal from the University and risk of academic failure is not among them; neither is absence from a student’s residential college. See *supra* note 2, Undergraduate Announcement.

16. In the evening of February 29, Dean ██████████ sent ██████████ an email to reiterate that ██████████ had been banned from campus. Dean ██████████ stated that, because of ██████████'s suicidal gesture and "the fact that there has been no treatment in the interim, we cannot clear you to be on campus at this time."⁹
17. On March 8, ██████████ completed a take-home exam in one of his classes, for which he received a grade of 95 percent.
18. On March 1, 2012, ██████████ requested from the Office of Disability Services the accommodation of "taping and/or transcription of classes while excluded from campus." Through his counsel, he later requested that the Office of Disability Services designate a note-taker in each of his classes. Both of these requests were denied.¹⁰
19. On Tuesday, March 6, ██████████ met with Dr. ██████████ and attended the in-person intake interview at Princeton House, to which he was admitted. He began in the intensive outpatient program on March 8, 2012.¹¹
20. On March 7, 2012, Dean of Undergraduate Students ██████████ sent ██████████ a letter informing him that Princeton believed he remained at "extremely high risk of having another dangerous episode" and that "intensive inpatient treatment programs of the sort that have been recommended to you are incompatible with the full-time enrollment required of all Princeton students." Dean ██████████ offered to arrange another assessment by CPS clinicians, but clarified that any such reassessment was unlikely to produce a different result. Dean ██████████'s letter also included details – many of them

⁹ ██████████ was hospitalized February 25-28. Paragraphs 10 and 11 describe ██████████'s activities on February 29. It is unclear what Princeton meant by "no treatment."

¹⁰ Princeton University's general counsel told counsel for ██████████ that Princeton generally does not grant note-takers as an accommodation for students with disabilities because "so much of the learning process occurs when students learn to distill classroom conversation to notes." In a March 21, 2012 conversation between counsel, ██████████ offered additional ideas for accommodations that might address Princeton's concerns while returning ██████████ immediately to his classes. ██████████ suggested that Princeton consider allowing him to resume both living in a dorm and his studies immediately with the accommodation of a "check-in" person or a mentor assigned to him at ██████████ College. In addition, he agreed to make his readmission contingent on supplying Princeton with a weekly progress note from his intensive outpatient treatment program to evidence compliance with treatment and lack of suicidal ideation. He also suggested that Princeton allow him to resume classes while living off-campus during the pendency of his appeal, with a Graduate Resident Assistant or other person designated to meet him in the parking lot and discreetly escort him to classes. That way, ██████████ could avoid falling further behind academically while he awaited a final determination of his appeal, and the university would be able to closely monitor him. He also suggested that, if his professors determined it would be impossible for him to catch up after his three-week ban from campus, he be permitted to take an Incomplete or withdraw from one or more courses and take a reduced course load for the remainder of the Spring 2012 semester. Princeton did not respond to these proposals.

¹¹ ██████████ was discharged from the Princeton House intensive outpatient program on April 20, 2012, and continued to see Dr. ██████████ once or more weekly until he moved back to ██████████ for the summer. He will continue to see Dr. ██████████ for medication management and therapy on an occasional basis, while receiving weekly therapy from a ██████████ therapist.

inaccurate – from ██████████’s CPS treatment records and CPS’s February 29 assessment, the details of which he thought were confidential.

21. After Princeton denied ██████████’s appeal of Dean ██████████’s decision (see response below to Part 8 of OCR form), ██████████ “voluntarily” withdrew from Princeton University to secure a pro-rated refund of his tuition, room and board and to avoid his Princeton record reflecting that he was required to withdraw. On April 24, 2012, Princeton sent ██████████ a letter that included treatment recommendations from CPS clinicians including “at least weekly” individual psychotherapy, compliance with his medication regimen, and regular consultations with a psychiatrist for medication management.
22. Princeton requires that, before ██████████ can be readmitted, he must submit to CPS documentation that he has consistently engaged in appropriate treatment during his time away from Princeton and that he has had an extended period of “psychological and behavioral stability.” The submission is through a form entitled “Counseling and Psychological Services, University Health Services: Questions for Treatment Providers.” It requires the provider to indicate the dates and type of treatment provided; the medications prescribed; a description of the focus and type of treatment, compliance with treatment, the patient’s presenting concerns and the efficacy of treatment in addressing them, the diagnostic assessment and impressions; an evaluation of whether the patient’s functioning has in the past or is currently compromised by a host of mental health impairments; an assessment of the patient’s readiness to return to school, remaining “functional difficulties or impairments,” and whether those impairments would “contraindicate or make more difficult a return to a high-stress academic environment.” Finally, the form requires the treatment provider to provide clinical recommendations to enhance the student’s capacity for success subsequent to readmission to Princeton, and an estimate of the risk of relapse if the treatment were not available or accessed by the student.
23. In addition, Princeton requires ██████████ to submit to a readmission evaluation at CPS, for which he will be required to authorize treatment providers to discuss his progress with CPS clinical staff, and authorize CPS clinical staff to discuss his readmission evaluation with Princeton administration.

Part 6: The most recent date of an act of discrimination:

Princeton’s refusal to allow ██████████ to continue as a student is ongoing.

Part 7: Waiver of 180-day time frame: N/A.

Part 8: Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

24. On February 29, 2012, the day of the “family meeting” described in ¶¶ 11-13, above, ██████████’s mother, ██████████, attempted to contact the University’s General Counsel, ██████████, to ask for an opportunity to appeal ██████████’s ban from campus, including from his residential college and classes. When ██████████ reached ██████████ the next day, he informed her that ██████████ had been barred from the University pursuant to Rule 1.1.7 of the University’s “Rights, Rules, and Responsibilities,” which permits that “[i]n circumstances seriously affecting the health or well-being of any person, or where physical safety is seriously threatened...,” the University “may summarily suspend, dismiss, or bar any person from the University.” ██████████ said that actions taken pursuant to Rule 1.1.7 are “subject to reasonably prompt subsequent review by regular University processes or authorities,” and in this case, by the Vice President for Campus Life, ██████████. ██████████ arranged for a meeting on March 6.
25. ██████████’s parents, ██████████ and ██████████, attended the March 6 meeting. Also in attendance were Dr. ██████████, Dr. ██████████, Dean ██████████, Associate Dean ██████████, Dr. ██████████, and Executive Director of University Health Services, Dr. ██████████. ██████████ and ██████████ were informed that the meeting was *not* an appeal, but rather “an opportunity to clarify some misapprehensions.” ██████████ again requested instructions on how to effectuate an appeal. She was told that an appeal would need to be arranged through ██████████’s office.
26. Only after ██████████ retained counsel did ██████████ receive a letter informing him of how to appeal. The letter requested unfettered access to all of ██████████’s medical records from the previous 12 months, as well as consent to contact relevant treatment providers. An appeal meeting was scheduled for March 16, 2012.
27. ██████████ attended the appeal meeting with his mother and his attorney, Julia Graff. ██████████; Dr. ██████████; and ██████████, from the University’s office of general counsel, were present. ██████████ requested that Princeton allow him to attend his classes and return to his residence hall by March 26, the Monday after Spring Break. He stated that he believed Princeton’s actions violated the ADA and Section 504. ██████████ discussed his treatment and plans for continued treatment, as well as his proposed plan for passing his courses after a three-week forced absence. In addition, he addressed factual inaccuracies in Dean ██████████’s March 7, 2012 letter, and expressed concerns about disclosures from his CPS records.

28. In support of his appeal, ██████████ provided Vice President ██████████ with:

- a. A letter, dated March 15, 2012, from Dr. ██████████¹² stating that ██████████ “is not currently a direct threat to himself or others” and that ██████████’s “reintegration into university life and the resumption of his studies would be in the best interest of his emotional health.” Dr. ██████████ explained that “requiring a leave of absence and excluding him from the university community at this time could be detrimental to his health and well-being.”
- b. A note from ██████████’s cardiologist, which states that there are “no cardiac contraindications to return to school;”
- c. Redacted records from ██████████’s February 25-28, 2012 hospital admission, indicating that he had been “medically cleared for discharge” and that he “can be discharged to outpt (*sic*) follow-up as planned;”
- d. A detailed academic plan for passing each of his four courses after a three-week involuntary absence; and
- e. Emails of support and encouragement from several of his professors.

See Exhibit A.

29. Following the March 16 appeal meeting, Vice President ██████████ requested more information from ██████████’s medical records. In response, despite ██████████’s belief that her request was discriminatory, he provided ██████████ with the following:

- a. His complete, unredacted medical records from the February 25-28, 2012 hospital admission;
- b. The risk evaluation of the Mercer County mental health screener;
- c. Documents from Princeton House concerning ██████████’s treatment;
- d. Consent for Dr. ██████████ to contact Dr. ██████████ for additional information. Dr. ██████████ and Dr. ██████████ spoke on March 23, 2012, at which time Dr. ██████████ reiterated that ██████████ should be allowed to continue his studies and live in a residential college at Princeton;
- e. A summary, prepared by ██████████, of his Fall 2011 treatment at CPS;
- f. Consent for CPS to deliver to Dr. ██████████ its own “summary of treatment” from the Fall 2011 semester;
- g. CPS’s post-hospitalization risk assessment; and
- h. A history of ██████████’s previous mental health treatment.

See Exhibit B.

¹² Prior to going into private practice, Dr. ██████████ was for 13 years the sole consulting psychiatrist for the McCosh Student Health Center at Princeton University, and McCosh’s CPS clinicians had referred ██████████ to Dr. ██████████. Princeton officials had no reason to doubt Dr. ██████████’s professional opinion, his expertise, or his understanding of Princeton.

30. The February 28 decision to ban ██████████ from campus, including his residential college and classes, was upheld in a letter from Vice President ██████████ dated March 26, 2012. *See* Exhibit C.

Part 9: ██████████ has not filed a complaint with any other Federal, state, or local civil rights agency, or any Federal or state court.

Part 10: Communications: If you wish to speak with ██████████, please contact his attorney, Julia Graff, at the Judge David L. Bazelon Center for Mental Health Law at (202) 467-5730, ext. 306 or by email at juliag@bazelon.org.

Part 11: Remedies: ██████████ seeks the following remedies:

- a. Readmission to Princeton University for the fall 2012 semester, including on-campus residence at ██████████ College;
- b. A finding that Princeton University violated Section 504 of the Rehabilitation Act by excluding ██████████ from classes, evicting him from his dorm, and forcing him to withdraw from the University because of a manifestation of his mental illness;
- c. A finding that Princeton University violated Section 504 of the Rehabilitation Act when it denied ██████████ the reasonable accommodation of off-campus residency, part-time academic schedule, and a single-semester leave of absence; and
- d. A finding that Princeton University violated Section 504 of the Rehabilitation Act by imposing on him conditions of reenrollment that are more onerous and intrusive than it imposes on students who withdraw for reasons of physical illness or disability.

7/6/12
Date
