

Section 504 Grievance Form

Student Name: _____
School: _____
Parent Name(s): _____
Address: _____

Phone(s): _____

1. Summary of Grievance—What is the problem? What are the facts?

2. How can the problem be solved?

3. Who have you spoken to or met with at the school to address this situation?
What was the result of this contact? _____

4. Please describe any corrective action you wish to see taken with regard to this grievance.

Please attach any additional information or documentation you wish the district to consider. You also have the right to file a complaint with the regional office of the U. S. Department of Education’s Office for Civil Rights (OCR) without going through the district’s grievance procedures.

Signature of Parent Date

Received by:

Signature of Section 504 Coordinator Date

Copies: Parent
 Student file
 504 Coordinator file