

## 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