

# Section 504 Grievance Form

Sample

Date				
Name of Grievant (First and Last Name)		Telephone Number (work)	Telephone Number (home)	Telephone Number (cell)
School Name			City	State      Zip Code

Summarize the complaint.

When did the incident occur?

If others are affected by the possible violation, please list their names and/or positions.

Indicate the suggested solution to the problem.

Describe any correction action you would like to see taken with regard to the possible violation. You can also include other information relevant to the grievance.

Signature of Grievant (First and Last Name)	Date
Signature of the Section 504 Coordinator (First and Last Name)	Date