

## SECTION 504 GRIEVANCE FORM

**Today's Date:** \_\_\_\_\_

**Student's Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Person Completing this form:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Relation to student:** \_\_\_\_\_

**Specifics of Complaint (describe below, including any dates of alleged discrimination). Attach an extra page if necessary.**

**If you wish, please describe any corrective action you would like to see taken with regard to the possible civil rights violations. Attach an extra page if necessary.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please turn this form to the 504 coordinator. This form must be submitted to the 504 coordinator within 10 days of the alleged violation.*