

EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

**SECTION 504
NOTICE OF GRIEVANCE**

Date: _____

To: District Section 504 Coordinator
Edinburg Consolidated Independent School District
411 N. 8th Ave.
Edinburg, Texas 78541

Name of Grievant: _____
Address: _____
City, State, Zip: _____
Telephone: _____

The above named Grievant files this formal *Notice of Grievance* with the Edinburg Consolidated Independent School District to challenge the action or proposed action of the Campus §504 Committee at _____ concerning the following student:
Name of School

Name of Student: _____
Grade: _____ Date of Birth: _____

The basis for this grievance is as follows (attach additional pages if necessary):

I request a due process hearing on this grievance before an impartial hearing officer in accordance with the Edinburg Consolidated Independent School District's Procedures Under Section 504 of the Rehabilitation Act of 1973, as amended, and Title II of the Americans with Disabilities Act.

Signature of Grievant