TITLE IX AND SECTION 504 GRIEVANCE FORM

DATE_____

COMPLAINANT'S NAME_____

SCHOOL_____

PLACE WHERE YOU MAY BE REACHED:

ADDRESS_____

PHONE NUMBER_____

CIRCLE ONE: STUDENT STUDENT'S DATE OF BIRTH:_____
EMPLOYEE
PARENT ON BEHALF OF STUDENT
OTHER ON BEHALF OF STUDENT
OTHER ON BEHALF OF EMPLOYEE

CIRCLE ONE: TITLE IX GRIEVANCE
SECTION 504 GRIEVANCE

SPECIFICS OF THE GRIEVANCE: (Describe below, including any dates of alleged discrimination.) Attach an extra page if necessary.

_____
_____
_____
_____

PLEASE DESCRIBE ANY CORRECTIVE ACTION YOU MAY WISH TO SEE TAKEN WITH REGARD TO THE POSSIBLE VIOLATION. (Provide any other information relevant to this grievance.) Attach an extra page if necessary.

_____
_____
_____
_____

SIGNATURE OF COMPLAINANT_____ DATE:_____

SIGNATURE OF PERSON RECEIVING GRIEVANCE:_____

DATE:_____