

Tri-County Regional Vocational Technical High School

Section 504 Grievance Form

Student Name: _____

School: Tri-County Regional Vocational Technical High School

Parent Name(s): _____

Address: _____

Phone Number(s): _____

1. Summary of Grievance—What is the issue? What are the facts?

2. How can the issue be resolved?

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 in regard to this grievance.

Please attach any additional information or documentation you wish the district to consider in your grievance.

Signature of Parent

Date

Signature of Section 504 Coordinator

Date

Name of Grievant: _____

Tri-County Regional Vocational Technical High School

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Name of Person(s) Alleged to Have Been Discriminated Against or Harassed:

Name of Person(s) Accused of Discrimination or Harassment:

Statement of Grievance:

Relief Sought:

Please list any witnesses to the grievance/action:

Print Name: _____

Signed: _____ **Date:** _____