

Parker School District	NEPN Code: ACA (1)
Policy Reference Manual	

Discrimination Grievance Filing Form

**SECTION 504/ADA
SCHOOL GRIEVANCE FORM**

Date: _____
 Name: _____
 Title: _____
 Student: _____
 Address: _____
 _____ Phone: _____

1. Summary of school grievance – What is the problem?

2. How can the problem be resolved?

Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

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

Signature of Parent

Date

Signature of Section 504 Coordinator

Date