

Staff Welfare

Title IX/Section 504 Rights: Grievance Form

**TITLE IX/SECTION 504
GRIEVANCE FORM**

Date_____

Your name_____

Your school and/or position_____

Place where you may be reached_____

Address_____

Phone_____

Nature of your grievance. (Please describe the policy or action you believe may be in violation of Title IX/Section 504 or other civil rights statute: please identify any person(s) you believe may be responsible.)

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

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.

Signature of Grievant

Date

Location

Signature of Person Receiving Grievance