

Section 504 Grievance Filing Form

GATEWAY REGIONAL SCHOOL DISTRICT

Date: _____

Your name _____

Your school and/or position _____

Address and Phone number where you may be reached _____

Nature of grievance. (Please describe the policy or action you believe may be in violation of Title IX 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

Signature of Person Receiving Grievance

Date Location