

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