

TANGIPAOA PARISH SCHOOL SYSTEM

SECTION 504 GRIEVANCE

Date: _____

Name: _____

Address: _____ **Phone: Home** _____
_____ **Work** _____
_____ **Cell** _____

Name of Student: _____

Your Relationship to Student: _____

School Student Attends: _____

Nature of your Grievance: (Please describe the reason for your grievance)

Please describe the corrective action you wish to see taken with regard to the grievance:

Signature of Grievant

Date

Section 504 Coordinator

Date Received