

**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