

SECTION 504/TITLE IX FORM

TO: Section 504/Title IX Compliance Coordinator

FROM: Name of Complainant: _____

Address/Contact Number: _____

Date of Alleged Violation: _____

Nature of Alleged Violation:

Names of Persons Responsible:

Requested Action:

Date Complaint Filed with Coordinator: _____

Please use reverse side of this form or attach additional sheets if necessary.