

Section 504 - Complaint and/or Grievance Form

Student Informat	ion		
Student's Name	Date of Birth	Date	
School		Grade	
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Person Filing Complaint and/or Grievance			
Name	Relationship to	the Student	
Phone Number	Email	the Student	
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The information be	low should be filled out and/or answered by the perso	n filing the complaint and/o	or arievance and
returned to Meredith Young, Ed.D., Rogers Public Schools 504 District Coordinator, at meredith.young@rpsar.net.			
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Nature of your complaint and/or grievance. (Please describe the practice or action you believe may be in violation of			
Section 504 and identify the name and title of person(s) you believe may be responsible. The alleged violation must have			
occurred within the past 120 days.)			
Provide a brief de	escription of what, when, and how the incident(s) o	courred (Include specific o	lates times locations
etc. of each event. Attach any relevant documents or records, related to the grievance and how the alleged violation is			
discriminatory.)			
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Explain what steps, if any, you have already taken to resolve this matter. (Attach any relevant correspondence related to the grisumes)			
to the grievance.)			
Describe any corrective action you would like to see taken with regard to the alleged discriminatory violation.			
Signature of Perso	on Submitting Complaint and/or Grievance	Date	