

SECTION 504 COMPLIANCE GRIEVANCE FORM

Name of Grievant: _____
(Please Print Clearly)

Contact Information: _____
(Mailing Address)

(Telephone Number(s); Email Address)

Student: _____ School: _____

State the nature of the complaint and the remedy requested. Please be specific. (Attach additional sheets if necessary)

Signature of Grievant Date

Please submit completed form to:

Ben Hannasch
WFPS 504 Director
bhannasch@west-fargo.k12.nd.us