

## Title IX and Section 504 Grievance Form

Today's Date: \_\_\_\_\_

Complainant's Name(s) \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Circle One:

- Student or Employee
- Parent on behalf of student
- Other on behalf of student or employee

Circle One:

- Title IX Grievance
- Section 504 Grievance

Specifics of complaint (describe below, including any dates of alleged discrimination). (Attach extra page(s) if necessary).

If you wish, please describe any corrective action you would like to see taken with regard to the possible civil rights violation. (Attach an extra page(s) if necessary).

Would you like a pre-grievance contact with an identified respondent before a decision of a hearing officer is made?

Circle one: Yes or No

\_\_\_\_\_  
Signature of Complainant

Name of Grievant: \_\_\_\_\_

Name of Title IX or Section 504 Coordinator: \_\_\_\_\_

This section is for use by the Title IX or Section 504 coordinator. Check below the course of action to be taken prior to submitting a copy of the grievance form and a copy of this form to the identified respondent or to the respective hearing officer.

( ) Pre-grievance Contact: Date Submitted: \_\_\_\_\_

( ) Name of Identified Respondent \_\_\_\_\_

Due date for Response from Person Named Above \_\_\_\_\_

( ) Level I: Date Submitted: \_\_\_\_\_

Name of Hearing Officer \_\_\_\_\_ Job Title \_\_\_\_\_

Due Date for Response from Person Named Above \_\_\_\_\_

( ) Level II: Date Submitted: \_\_\_\_\_ Due Date for Hearing \_\_\_\_\_

Name of Hearing Officer \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Hearing and Due Date for Response from Person(s) named above \_\_\_\_\_

( ) Level III: Date Submitted: \_\_\_\_\_ Due Date for Hearing: \_\_\_\_\_

Name of Hearing Officer(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Hearing and Due Date for response from person(s) named above \_\_\_\_\_

This section is for use by the identified respondent or hearing officer(s). Prior to returning this form to the Title IX or Section 504 Coordinator, circle your decision regarding the grievance:

Denied or Granted

If grievance has been granted, explain on another paper and/or circle your decision regarding the corrective action requested by the grievant:

Agree or Disagree

\_\_\_\_\_  
Signature of Identified Respondent/Hearing Officer(s)

\_\_\_\_\_  
Date