

Jackson Local Schools
SECTION 504 GRIEVANCE FILING FORM

Date ____/____/____

Name of Aggrieved Person _____ D.O.B.: _____

Address _____ School _____

Parent's Name (print) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Nature of your grievance: (Please describe the policy or action you believe may be in violation of Section 504. Please also identify any person(s) you believe may be responsible.)

If others are affected by the possible violation, please give their names and/or positions:

Signature of Grieving Party

_____/_____/_____
Date

**THIS FORM SHOULD BE SENT WITHIN 10 DAYS OF THE
ALLEGED VIOLATION TO:**

Section 504 Compliance Officer*
Barry Mason at Jackson Local Schools 7602 Fulton Rd. N.W. Massillon, Ohio 44646

* _____; Staff 504 Compliance Officer; _____; Student 504 Compliance Officer

*Updated 11/11

Board of Education Use Only

Person Receiving Grievance: _____ Date ____/____/____