



USD 464 TONGANOXIE

SECTION 504 COMPLAINT/GRIEVANCE FORM

Tonganoxie Public Schools pledges that the District complies with Section 504 regulations and that no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the Superintendent of Schools, Tonganoxie Public Schools, 330 E. Hwy 24/40, PO Box 199, Tonganoxie, Kansas 66086

Date _____

Student's Name _____ Grade _____ School _____

Nature of your grievance. (Please describe the policy or action you believe may be in violation of Section 504 or other Civil Rights statute)

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

Please describe the corrective action you wish to see taken with regard to the possible violation. (You may also provide other information relevant to this grievance.)

Please provide the following information in order for us to contact you

Name _____ Phone _____

Address _____

Relationship (if any) to the person you believe has been subjected to discrimination
