

DAN SHELTON, ED.D.
Superintendent

REBECCA RYAN
Director, Special Services

Christina School District
Section 504 Grievance Form

Date: _____
Child's Name: _____
Complainant's Name: _____
Address: _____

School: _____
Child's D.O.B.: _____
Complainant's Phone Number: _____

Please describe your concerns and why you believe they raise an issue under Section 504. Include a description of what happened, when and where it happened, and who was involved. (Feel free to attach additional pages if necessary.)

Explain the steps you have already taken to resolve the issue, if any.

Describe what resolution to your concerns you would like to see.

Please attach any documents or other information you think will help with the investigation of your complaint.

Signature: _____

Date: _____

Please return to Rebecca Ryan at rebecca.ryan@christina.k12.de.us