

ROBERT ANDRZEJEWSKI, Ed.D.
Interim Superintendent

DEIRDRA JOYNER, Ed.D.
Deputy Superintendent

Section 504 Grievance Form

Date: _____ Child's Name: _____ Child's Date of Birth (DOB): _____

School: _____ Complainant's Name: _____

Complainant's Phone Number: _____ Complainant's Email: _____

Address: _____

**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.**

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.

Name (Please Print): _____

Signature: _____ Date: _____

Please return to the District 504 Coordinator, Dr. Gabrielle Koury, at gabrielle.koury@christina.k12.de.us.