## Section 504 Grievance Form

### Submit to:
Renee Jerns, E.d.D., 504 Coordinator  
Indian River School District  
31 Hosier Street Selbyville, DE 19975  
pamela.jerns@irsd.k12.de.us  
Phone: 302-436-1000 Fax: 302-436-1016

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Name of Student (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student</td>
<td>Name of Student’s School</td>
</tr>
<tr>
<td>Your Address and Phone Number</td>
<td>Student’s Grade Level</td>
</tr>
</tbody>
</table>

### Nature of your Grievance:
Please describe the nature of the problem, including any policies or actions you believe may be in violation of Section 504. Additionally, please identify any person(s) you believe may be responsible, as well as any witnesses and/or documents you believe support your grievance.

___________________________________________________________________________

___________________________________________________________________________

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

___________________________________________________________________________

___________________________________________________________________________

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

___________________________________________________________________________

___________________________________________________________________________

__________________________  _______________________
Signature of Grievant        Date