

WHITE HALL SCHOOL DISTRICT



1020 West Holland Avenue
White Hall, Arkansas 71602-9632
Phone: 870.247.2002 ~ Fax: 870.247.3707
www.whitehallsd.org

Section 504 Complaint and Grievance Filing Form

Your Name _____

Student Name _____

Your School and /or Position _____

Your Address _____

Your Telephone _____

Date the grievant become aware of the alleged discriminatory action _____

Nature of the grievance (Please describe the practice or action you believe may be in violation of Section 504 and identify the name and title of person(s) you believe may be responsible.)

Provide a brief description of what , when, and how the incident occurred. (Attach additional pages if necessary).

Explain what steps, if any, you have already taken to resolve this matter.

Describe any corrective action you would like to see taken with regard to the possible violation.

Signature of grievant

Date grievant signed

Signature of person receiving grievance

Date grievance was received

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The White Hall School District prohibits discrimination on the basis of disability in accordance with Section 504 and prohibits retaliation for exercising rights protected under section 504.

Definitions:

Grievance: Refers to any claim by an individual that there has been a violation, misinterpretation, or misapplication of Section 504 of the Rehabilitation Act of 1973.

Advance Step Filing: Grievances may be initially filed at Step 1 thereby eliminating the informal conference.

No Reprisals: No reprisals shall be taken by the Board or its agents against any individuals because of participation in this process.

Withdrawal: A grievance may be withdrawn at any level without establishing a precedent.

Time Limitations: An extension of the time limits is permissible by mutual consent of the parties at any level.

___ I received a copy of the district's Section Grievance Procedures.

Parent or Guardian Signature