

DESOTO PARISH SCHOOL SYSTEM
Section 504 Grievance

Student Name: _____ Date: _____

Birth Date: _____ School: _____ Grade: _____

Student Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) Name(s): _____

Phone: _____ Alternate #: _____

Nature of your Grievance: (Please describe the reason for your Grievance)

Please describe your suggestions for resolution of your Grievance.

Signature of Grievant

Date