## HAMILTON COUNTY SCHOOL BOARD Section 504

## Informal Grievance Filing Form – Part 1

Grievant:(Name of Stu	Date:	
(Name of Stu	dent)	
School:	Parent/Guardian:	
Address:		
City:	, State:	Zip:
Telephone: Home:	W	ork:
	describe the policy or action you be	
Completed form should be submitted within FIFTEEN (15) school days of the occurrence.		

## HAMILTON COUNTY SCHOOL BOARD Section 504

## Informal Grievance Filing Form - Part 2

Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this grievance. (Use a separate sheet of paper, if necessary.)			
Signature of Parent, Guardian, Student (18 or over)	Date		
Signature of Person Accepting Grievance	Date Received		

The School Board of Hamilton County, Florida, prohibits any policy or procedure which results in discrimination solely on the basis of age, color, disability, gender, national origin, marital status, race, religion, or sexual orientation.

Copies to: Grievant, Principal and Exceptional Student Education Office