

# SECTION 504 GRIEVANCE CLAIM

To be filed with the District 504 Coordinator, Dr. Fulvia Franco, Ph.D., via US mail or email at [504Grievance@jordandistrict.org](mailto:504Grievance@jordandistrict.org) Upon completion and submission of this form, the District 504 Coordinator will initiate an internal investigation of the alleged discrimination according to the District's Section 504 procedures.



7387 S Campus View Drive - West Jordan, UT 84084  
Phone: (801) 567-8150 - Fax: (801) 567-8056

Complainant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Student Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Contact Email address: \_\_\_\_\_

The Jordan School District complies with all Section 504 laws and regulations and affirms that no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe discrimination has occurred against a student because of disability, complete, sign, and submit this form to Fulvia Franco, Ph.D., via US mail or email at [504Grievance@jordandistrict.org](mailto:504Grievance@jordandistrict.org)

**Statement of Grievance:** Describe the alleged violation of Section 504 in specific terms. Include: (1) the incident or activity viewed as a violation; (2) the individuals involved; (3) dates, times, and locations involved; and (4) the disability that forms the basis of the complaint (attach additional pages if needed).

**Relief or action requested to resolve complaint:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### District Office Use Only

Date when *Section 504 Grievance Claim* was received by 504 Coordinator: \_\_\_\_\_

Date when receipt acknowledged to complainant by 504 Coordinator: \_\_\_\_\_