

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

**SECTION 504
NOTICE OF GRIEVANCE**

Date:

To: District Section 504 Coordinator
Brownsville Independent School District
1900 East Price Rd.
Brownsville, TX 78521

Name of Grievant:
Address:
City, State, Zip:
Telephone:

The above named Grievant files this formal *Notice of Grievance* with the Brownsville Independent School District to challenge the action **or** proposed action of the Campus §504 Committee at (Name of School) concerning the following student:

Name of Student:
Grade: Date of Birth:

The basis for this grievance is as follows (attach additional pages if necessary):

I request a due process hearing on this grievance before an impartial hearing officer in accordance with the Brownsville Independent School District's Procedures Under Section 504 of the Rehabilitation Act of 1973, as amended, and Title II of the Americans with Disabilities Act.

Signature of Grievant