

Minnetonka Public Schools

SECTION 504 GRIEVANCE FILING FORM

Grievance Procedures– A parent or guardian of a student or an adult student may use the following process to grieve a decision to deny a Section 504 evaluation or deny a 504 plan, to grieve the program, aids and services offered or to grieve any other alleged violation of Section 504.

1 The grievance may be submitted in writing to the *building 504 Coordinator* and/or *504 Team administrator* within a reasonable period of time after the alleged violation occurred. The grievant must fully state the facts of the alleged violation and the remedy that is sought.

2 The 504 Coordinator or administrator will take the following actions:

2.1 Discuss the grievance with the parents/guardians or adult student and with appropriate school and/or district employees;

2.2 Prepare a written report of his or her findings of fact and conclusions within 10 school days of receiving the grievance, and

2.3 Notify the grievant in writing of the decision by sending the grievant a copy of the written report.

3 If the grievant is not satisfied with the resolution of the grievance, the grievant may appeal the report of the 504 Coordinator or administrator to the Superintendent or designee in writing, within five school days of receipt of the report.

4 After investigation and within 10 school days of receipt of the appeal, the Superintendent or designee shall affirm, reverse, or modify the report of the 504 Coordinator or administrator, and notify the grievant in writing of his or her decision.

5 If the grievant is not satisfied with the resolution of the grievance, he or she may appeal to the School Board or its designee within five school days of receipt of the superintendent's or designee's decision.

6 The School Board or its designee shall schedule a meeting to review the alleged violation and shall give the parties involved at least five school days' notice of the meeting. The board or its designee shall affirm, reverse, or modify the decision of the superintendent or designee within 15 school days of receipt of the appeal.

Grievant: _____ Date: _____
(Name of Student)

School: _____ Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Numbers: Home: _____ ☐ *Preferred contact number*

Work: _____ ☐ *Preferred contact number*

Cell: _____ ☐ *Preferred contact number*

State the nature of your grievance. Please describe the policy or action you believe may be in violation of Section 504. Identify any person(s) you believe may be responsible. (Use an additional sheet of paper if necessary).

Completed form should be submitted within THIRTY (30) days of the alleged violation.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The Minnetonka Public Schools School District prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion, or se