



AVEDA INSTITUTE
NEW MEXICO

Section 504 Grievance Form

Name of Grievant: _____

Address: _____

Phone Number: _____

Date of Incident: _____

Summarize the complaint.

If others are affected by the possible violation, please list their names and positions.

Indicate the suggested solution to the problem.

Describe any corrective action you would like see taken with regard to the possible violation. You can also include other information relevant to the grievance.

Signature of Grievant

Date

Signature of Section 504 Coordinator

Date