

INDIAN RIVER SCHOOL DISTRICT



Section 504 Grievance Form

Submit to: Renee Jerns, E.d.D., 504 Coordinator
Indian River School District
31 Hosier Street Selbyville, DE 19975
pamela.jerns@irsd.k12.de.us
Phone: 302-436-1000 Fax: 302-436-1016

Your Name		Name of Student (if applicable)	
Relationship to Student		Name of Student's School	
Your Address and Phone Number		Student's Grade Level	

Nature of your Grievance:

Please describe the nature of the problem, including any policies or actions you believe may be in violation of Section 50. Additionally, please identify any person(s) you believe may be responsible, as well as any witnesses and/or documents you believe support your grievance.

If others are affected by the possible violation, please give their names and/or positions:

Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

Signature of Grievant

Date

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1034