

CSUB Section 504 Grievance Form

Name: _____

(If the grievance is filed by more than one person, all such persons must be identified)

Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date most recently enrolled at CSUB: _____

Nature of grievance:

Section 504 Regulations that we have allegedly violated:

Facts relevant to the grievance:

Resolution requested:

Did you bring this grievance to the attention of the respondents named in the complaint prior to the filing of the formal grievance? Yes No

If no, why?:

If yes, what was the response of the person(s)?:

Is there any other information you wish to present at this time?

Are there any other documents to be considered: Yes No

If yes, please attach a copy of such documents to this form.

Affidavit:

I (we) certify that the statement(s) contained in the above grievance are true according to the best of my (our) knowledge, information and belief.

This certification is executed under penalty of perjury by the undersigned.

Signature

Date

SSN

Signature

Date

SSN

Signature

Date

SSN

Signature

Date

SSN

****Alternate format materials available upon request**