

ONEIDA SPECIAL SCHOOL DISTRICT
195 North Bank Street
Oneida, TN 37841

Section 504 Complaint/Grievance Form for Employees

Date: _____ Employment Facility: _____

Name: _____ Phone: _____

Address _____

Person(s) who discriminated against you (Please include the individual's title):

Please provide a brief description of what happened, when it happened, and who was involved. (Please attach additional pages, if necessary*).

Explain what steps, if any, you have already taken to resolve this matter:

Describe how you would like to see this matter resolved:

Signature: _____ Print: _____

***Please attach any documents or other documents or information you think will help with the investigation of your complaint.**