

NORTHERN LEHIGH SCHOOL DISTRICT
Slatington, PA 18080

GRIEVANCE FORM FOR THE HANDICAPPED – SECTION 504

Name of Grievant _____

Address _____ Telephone # _____

1. Date cause of grievance occurred _____

2. Statement of grievance _____

3. Identify specific provision of Section 504 of the Rehabilitation Act violated _____

4. Identify specific relief sought _____

(Signature)

(Date)

Disposition of responsible official _____

(Signature)

(Date)

Grievant:
Complete in triplicate

Retain one copy
Submit two copies to

EQUAL RIGHTS OFFICER
Michael W. Michaels
Superintendent
Northern Lehigh SD Office
1201 Shadow Oaks Lane
Slatington, PA 18080
(610) 767-9800

Hearing Officer:
Complete disposition
in triplicate
Retain one copy
Return one copy to
grievant
Return one copy to

EQUAL RIGHTS OFFICER
Michael W. Michaels
Superintendent
Northern Lehigh SD Office
1201 Shadow Oaks Lane
Slatington, PA 18080
(610) 767-9800

NORTHERN LEHIGH SCHOOL DISTRICT
Slatington, PA 18080

TITLE IX GRIEVANCE FORM

Name of Grievant _____

Building _____ Position _____

1. Date cause for grievance occurred _____

2. Statement of grievance _____

3. Identify specific Title IX provision violated _____

4. Identify specific relief sought _____

(Signature)

(Date)

Disposition of hearing officer _____

(Signature)

(Date)

Grievant:
Complete in triplicate

Retain one copy
Submit two copies to Title IX
Coordinator

Michael W. Michaels
Superintendent
Northern Lehigh SD Office
1201 Shadow Oaks Lane
Slatington, PA 18080
(610) 767-9800

Hearing Officer:
Complete disposition
in triplicate
Retain one copy
Return one copy to
grievant
Return one copy to

Title IX Coordinator
Michael W. Michaels
Superintendent
Northern Lehigh SD Office
1201 Shadow Oaks Lane
Slatington, PA 18080
(610) 767-9800