

Abington Public Schools

DISCRIMINATORY PRACTICE GRIEVANCE FORM

NAME: _____ DATE: _____

ADDRESS: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-mail address: _____

Relationship to alleged victim/target: _____

Information regarding alleged victim/target:

Name (if different from person making complaint): _____

Grade/Position: _____ School: _____

Complaint:

Most recent date of discrimination (month, day, year):

Information about the alleged perpetrator (Name, position, and school/department):

Witness(es) to the allegation (Name, position, and school/department):

Details of the violation (attach additional sheets if necessary):

Suggestions to Remedy the Situation:

_____ _____
Signature of Complaint Today's Date

For Section 504 and ADA Complaints Please submit to:	For Title VI and Title IX Complaints Please submit to:
James Robbins, Ed.D. Section 504/ADA Compliance Officer Abington Public Schools 1071 Washington St., Abington, MA 02351 jamesrobbins@abingtonps.org	Felicia Moschella, Ph.D. Title VI and Title IX Complaints Abington Public Schools 1071 Washington St. Abington, MA 02351 feliciamoschella@abingtonps.org

