SECTION 504 COMPLIANCE GRIEVANCE FORM

It is the policy of Penn State not to discriminate on the basis of disability. Penn State has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (see: http://www.psu.edu/dept/aaoffice/504_procedure.htm ). Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for Penn State to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Please indicate status: Student, Faculty, Staff, Member of public, or Other.

Name of Grievant: ____________________________________________
(Please Print Clearly)

Contact Information: __________________________________________
(Mailing Address)

____________________________________________________________

(Telephone Number(s); Email Address)

Please state the nature of the complaint. Explain what has occurred which leads you to believe you have been subjected to discrimination based on disability. Please be specific. (Attach additional sheets if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Where and when did the incident(s) occur? (Please be specific)

Who do you feel is responsible for the alleged discrimination, harassment or retaliatory act/behavior? (Please provide names and job titles of all individuals involved).
Name(s):

Please list all witnesses that may have heard or seen the incident(s).

______________________________

______________________________

______________________________

______________________________

Signature of Grievant Date

Please submit completed form to:

Bill Ritzman
ADA Coordinator
Affirmative Action Office
Penn State
328 Boucke Building
University Park, PA 16802
wwrl@psu.edu