

Please print, complete and return to address at bottom of page.

NEWBURYPORT PUBLIC SCHOOL DISTRICT
Section 504 of the Rehabilitation Act of 1973 and
Title II of the Americans with Disabilities Act
GRIEVANCE REPORT FORM

DATE OF FILING: _____

PERSON FILING COMPLAINT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

SCHOOL: _____

NATURE OF GRIEVANCE:

NAME AND ADDRESSES OF OTHERS INVOLVED IN THE GRIEVANCE AND THE NATURE OF THEIR INVOLVEMENT:

PERSON RECEIVING GRIEVANCE: _____

SIGNATURE OF PERSON FILING GRIEVANCE: _____

Attach additional papers, documents or explanations as necessary.

The person filing the grievance is an: employee ____ student ____ parent ____.

Please return this form to: Superintendent Sean Gallagher, Office of the Superintendent of Schools, 70 Low Street, Newburyport, MA, 01950, Telephone Number: (978) 465 – 4456, or the Superintendent’s designee, Nancy Koch, Director of Student Services, 70 Low Street, Newburyport, MA, 01950, nkoch@newburyport.k12.ma.us, Telephone Number: (978) 465-4456, or LisaMarie Ippolito, Assistant Superintendent, 70 Low Street, Newburyport, MA, 01950, Telephone Number: (978) 465-4456.