



## Content Accessibility Grievance Form

Name of Person Making Grievance:

If completing this form by hand, please print.

Street Address:

Zip Code:

Home Phone Number With Area Code:

Cell Phone With Area Code (Optional):

Email Address (Optional):

Please write a concise statement of your grievance:

Please state the remedy or relief you are seeking:

Signature of Person Making Grievance:

Date:

**PLEASE RETURN THIS COMPLETED FORM TO:** Health Services Coordinator  
Office of Special Education & Student Services  
Indianapolis Public Schools  
120 E. Walnut St., Room 602D  
Indianapolis, IN 46204  
If you have questions, please call: 317.226.4406