

**SECTION 504/ADA DISCRIMINATION
GRIEVANCE/COMPLAINT FORM FOR NON-STUDENTS**

(This form is intended to be used if an individual has grievance/complaint under Section 504/ADA alleging discrimination on the basis of a disability).

1. Name of Complainant: _____ Date: _____

2. Contact Information for Complainant:

(Address)

(Home Tel. #)

(Cell # or Work #)

3. Name of Covered Individual: _____

4. Address of Covered Individual (if different from above):

5. Relationship to School (e.g., position, visitor, parent) (if applicable):

6. Please describe the nature of your complaint:

7. Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

