

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

(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_