

SECTION 504 DISCRIMINATION COMPLAINT FORM

1. Name of Complainant: _____ Date: _____

2. Contact Information for Complainant

(Address)

(Home Tel. #)

(Cell # or Work #)

3. Name of the Student and/or Covered Individual (if applicable):

4. Address of Student and/or Covered Individual (if different from above):

5. Age/Grade Level/School/Position (if applicable)

6. Please describe the nature of your complaint:

7. If your complaint involves the **IDENTIFICATION, EVALUATION OR EDUCATIONAL PLACEMENT** of a student, please describe the specific areas of disagreement and the proposed resolution of your concerns:

