

**SECTION 504  
COMPLAINT FORM**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

1. Please describe your specific complaint about the 504 referral process, eligibility determination or Accommodation Plan, or about the behavior you believe discriminates against your child based on his or her disability. Also please identify any person(s) you believe may be responsible. Attach additional pages if necessary. If this complaint is made directly by a student, a copy of the complaint will be provided to the parent/guardian.

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2. If others are affected by the possible violation, please list their names and positions.

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3. Please describe how you would like this issue to be resolved.

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\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student, if completed by Student

Date: \_\_\_\_\_

Please submit this complaint to the Section 504/ Director of Pupil Services

\_\_\_\_\_  
Signature of 504/Director of Pupil Services

Date received: \_\_\_\_\_

First Reading: April 12, 2011  
Second Reading: April 26, 2011  
Adopted: April 26, 2011  
Reviewed: December 20, 2011