

Owosso Public Schools

SECTION 504 COMPLAINT FORM

FORM M

Name of Injured Party: _____

Address: _____

Phone: _____ Email: _____

If the injured party is a student, please also provide the following information:

School Building Attending: _____ Grade: _____ Birthdate: _____

Complainant's Name: _____

Relationship to Student: _____

Address: _____

Phone: _____ Email: _____

1. Describe the alleged violation of Section 504. Please be specific and describe the specific incident(s), as well as identify the individuals involved, dates/times/locations, etc. Attach additional pages if needed.

2. Describe your proposed resolution to address the alleged problem(s)/violation(s).

Date: _____

Complainant's Signature

PLEASE SUBMIT THIS FORM TO:

Bridgit Spielman
Section 504 Coordinator
Owosso Public Schools
925 Hampton Street
Owosso, MI 48867
989-723-4355

A person who believes that he/she has been discriminated against by the Owosso Public Schools on the basis of disability may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 600 Superior Ave East, Suite 750, Cleveland, OH 44114. You may file a complaint with OCR at any time. Filing a complaint with the School District is not a prerequisite to filing with OCR.