SECTION 504/ADA INTERNAL COMPLAINT - STUDENT

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<tr>
<th>NAME OF COMPLAINANT</th>
<th>TELEPHONE NUMBER</th>
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RELATIONSHIP TO THE SCHOOL DISTRICT:

- STUDENT ________________________________ (SCHOOL ATTENDS)
- RECEIVING SPECIAL EDUCATION
- RECEIVING REGULAR EDUCATION

- PARENT ________________________________ (CHILD’S NAME)

DESCRIPTION OF DISABILITY:

__________________________________________________________________________________

STATEMENT/NATURE OF COMPLAINT (INCLUDING DATE OF ALLEGED DISCRIMINATION, IF APPLICABLE):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

WHAT ACTION ARE YOU REQUESTING? (I.E. RELIEF SOUGHT):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

PARENT/STUDENT/COMPLAINANT ___________ DATE ___________ DATE RECEIVED BY BUILDING PRINCIPAL/ BUILDING COMPLIANCE OFFICER
RECORD OF INVESTIGATION BY
BUILDING PRINCIPAL/COMPLIANCE OFFICER

BRIEF DESCRIPTION OF COMPLAINT:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

NATURE OF THE INVESTIGATION – RECORDS REVIEWED:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

NATURE OF THE INVESTIGATION – PERSONS INTERVIEWED:

Name: _____________________________ Title : _________________ Date of Interview: ___________
Description of interview: ______________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Name: _____________________________ Title : _________________ Date of Interview: ___________
Description of interview: ______________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

© NEOLA 2010
Name: _____________________________ Title: _________________ Date of Interview: __________

Description of interview: ______________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Name: _____________________________ Title: _________________ Date of Interview: __________

Description of interview: ______________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

DISPOSITION OF COMPLAINT:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

BUILDING PRINCIPAL/COMPLIANCE OFFICER ___________________________ DATE _____________

☐ A CONFERENCE WAS HELD ON __________ regarding the above complaint and complainant was provided with a copy of the record of investigation.

☐ A CONFERENCE WAS NOT HELD. A COPY OF THE RECORD OF INVESTIGATION WAS MAILED TO COMPLAINANT ON ____________.

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IF YOU WISH TO APPEAL THIS DECISION TO THE DISTRICT SECTION 504/ADA COMPLIANCE OFFICER, SIGN BELOW AND DELIVER TO THE COMPLIANCE OFFICER'S OFFICE WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THE BUILDING PRINCIPAL/BUILDING COMPLIANCE OFFICER'S DECISION.

______________________________________ ________ ___________________________
PARENT/STUDENT/COMPLAINANT DATE DATE RECEIVED BY
DISTRICT SECTION 504/ADA
COMPLIANCE OFFICER

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APPEAL TO DISTRICT SECTION 504/ADA COMPLIANCE OFFICER

DATE RECEIVED BY DISTRICT SECTION 504/ADA COMPLIANCE OFFICER'S OFFICE: _________

DATE OF INFORMAL HEARING (IF APPLICABLE): ______________________________

DISPOSITION OF COMPLAINT:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

DISTRICT SECTION 504/ADA COMPLIANCE OFFICER DATE

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IF THE COMPLAINT INVOLVES AN ISSUE RELATED TO THE IDENTIFICATION, EVALUATION, OR
PLACEMENT OF THE STUDENT YOU MAY REQUEST A DUE PROCESS HEARING BY SIGNING
BELOW AND DELIVERING THIS DOCUMENT TO THE DISTRICT SECTION 504/ADA COMPLIANCE
OFFICER WITHIN TEN (10) SCHOOL DAYS FOLLOWING RECEIPT OF THE DISTRICT
COMPLIANCE OFFICER'S DECISION.

PARENT/STUDENT/COMPLAINANT DATE

DATE RECEIVED BY DISTRICT COMPLIANCE OFFICER

10/08
4/12/10