SECTION 504/ADA INTERNAL COMPLAINT – EMPLOYEE/OTHER

NAME OF COMPLAINANT

TELEPHONE NUMBER

ADDRESS

RELATIONSHIP TO THE SCHOOL DISTRICT:

_____ EMPLOYEE

_____ CLASSIFIED STAFF MEMBER

_____ OTHER __________________ (POSITION)

_____ OTHER ____________________ (DESCRIBE)

DESCRIPTION OF DISABILITY:

______________________________________________________________

______________________________________________________________

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

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

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

______________________________________________________________

______________________________________________________________

COMPLAINANT

DATE

DATE RECEIVED BY
DISTRICT SECTION 504/ADA
COMPLIANCE OFFICER

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SECTION 504/ADA INTERNAL COMPLAINT – EMPLOYEE/OTHER
RECORD OF CONFERENCE WITH
DISTRICT SECTION 504/ADA COMPLIANCE OFFICER

A CONFERENCE WAS HELD ON _____________________________, AT _________________________.

(DATE) (TIME)

AND MATTERS PERTAINING TO THE FOLLOWING ALLEGED COMPLAINT WERE DISCUSSED.

BRIEF DESCRIPTION OF ALLEGED COMPLAINT:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

DISPOSITION OF ALLEGED COMPLAINT:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

DISTRICT SECTION 504/ADA COMPLIANCE OFFICER DATE

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IF YOU WISH TO APPEAL THIS DECISION TO THE SUPERINTENDENT, SIGN BELOW AND DELIVER TO THE SUPERINTENDENT’S OFFICE.

_____________________________ _________________________ ___________________
EMPLOYEE/INTERESTED PARTY DATE DATE RECEIVED BY SUPERINTENDENT’S OFFICE

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SECTION 504/ADA INTERNAL COMPLAINT – EMPLOYEE/OTHER
APPEAL TO SUPERINTENDENT

DATE RECEIVED BY SUPERINTENDENT’S OFFICE: ________________________________

DATE OF CONFERENCE: ________________________________

DISPOSITION OF COMPLAINT:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

SUPERINTENDENT ___________________________________ DATE ________________

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IF YOU WISH TO APPEAL THIS DECISION TO THE BOARD OF EDUCATION, SIGN BELOW AND
PRESENT TO THE TREASURER’S OFFICE WITHIN TEN (10) WORKDAYS OF RECEIPT OF THE
SUPERINTENDENT’S DECISION.

EMPLOYEE/INTERESTED PARTY ___________________ DATE ________________

DATE RECEIVED BY TREASURER’S OFFICE
SECTION 504/ADA INTERNAL COMPLAINT – EMPLOYEE/OTHER
APPEAL TO BOARD OF EDUCATION

DATE RECEIVED BY BOARD OF EDUCATION (I.E. IN TREASURER'S OFFICE): ________________

DATE OF MEETING WITH BOARD: ____________________________________________________

DISPOSITION OF ALLEGED COMPLAINT:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

___________________________________ ____________________________________
PRESIDENT DATE
BOARD OF EDUCATION

10/17/11