

SECTION 504/ADA INTERNAL COMPLAINT - STUDENT

\_\_\_\_\_  
NAME OF COMPLAINANT

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

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:

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NATURE OF THE INVESTIGATION – RECORDS REVIEWED:

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NATURE OF THE INVESTIGATION – PERSONS INTERVIEWED:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Description of interview: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Description of interview: \_\_\_\_\_

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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

**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