

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

10/10/14