

Woodridge Local School District

SECTION 504/ADA INTERNAL COMPLAINT . EMPLOYEE/OTHER

NAME OF COMPLAINANT

TELEPHONE NUMBER

ADDRESS

RELATIONSHIP TO THE SCHOOL DISTRICT:

_____ EMPLOYEE

_____ TEACHER

_____ 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

**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



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

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

DATE RECEIVED BY SUPERINTENDENT'S OFFICE: _____

DATE OF CONFERENCE: _____

DISPOSITION OF COMPLAINT:

SUPERINTENDENT

DATE

2/21/12
1/13/15