

Woodridge Local School District

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:

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: _____

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

