

# 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:

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\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE

2/21/12  
1/13/15