SECTION 504/ADA INTERNAL COMPLAINT – EMPLOYEE/OTHER

_____ _____
NAME OF COMPLAINANT TELEPHONE NUMBER

_____
ADDRESS

RELATIONSHIP TO THE DISTRICT:

_____ EMPLOYEE

_____ CLASSIFIED STAFF MEMBER

_____ 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

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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

1/12
2/15
2/6/18

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