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

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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: _____

_____

_____

_____

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Name: _____ Title : _____ Date of Interview: _____

Description of interview: _____

_____

_____

_____

Name: _____ Title _____ Date of Interview: _____

Description of interview: _____

_____

_____

_____

DISPOSITION OF COMPLAINT:

_____

_____

_____

_____

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_____

_____ _____
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

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APPEAL TO DISTRICT SECTION 504/ADA COMPLIANCE OFFICER

DATE RECEIVED BY DISTRICT SECTION 504/ADA COMPLIANCE OFFICER'S OFFICE: _____

DATE OF INFORMAL HEARING (IF APPLICABLE): _____

DISPOSITION OF COMPLAINT:

_____

_____

_____

_____

_____

_____

_____ _____
DISTRICT SECTION 504/ADA COMPLIANCE OFFICER DATE

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IF THE COMPLAINT INVOLVES AN ISSUE RELATED TO THE IDENTIFICATION, EVALUATION, OR PLACEMENT OF THE STUDENT YOU MAY REQUEST A DUE PROCESS HEARING BY SIGNING BELOW AND DELIVERING THIS DOCUMENT TO THE DISTRICT SECTION 504/ADA COMPLIANCE OFFICER WITHIN TEN (10) SCHOOL DAYS FOLLOWING RECEIPT OF THE DISTRICT COMPLIANCE OFFICER'S DECISION.

_____ _____
PARENT/STUDENT/COMPLAINANT DATE

_____
DATE RECEIVED BY DISTRICT COMPLIANCE OFFICER

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