

**SAU #34
HILLSBORO-DEERING – WASHINGTON - WINDSOR
SECTION 504**

COMPLAINT FORM

Student's Name: _____

School: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____ Phone #: _____

1. Please describe your specific complaint about the 504 referral process, eligibility determination or Accommodation Plan, or about the behavior you believe discriminates against your child based on his or her disability. Attach additional pages if necessary. If this complaint is made directly by a student, a copy of the complaint will be provided to the parent/guardian.

2. Please describe how you would like this issue resolved.

Signature of Parent/Guardian

Date

Signature of Student, if completed by student

Date

Please submit this complaint to the Section 504/ADA Coordinator.

Signature of 504/ADA Coordinator

Date received