

Jefferson County Public Schools Section 504 Complaint Form

Jefferson County Public Schools is committed to complying with Section 504 of the Rehabilitation Act of 1973 and thus, ensuring that no discrimination on the basis of disability is permitted in any the District's programs or activities. If you believe that discrimination has occurred against a student because of a disability, please complete, sign, and submit this form to your school's principal.

Date: _____

Complaint Made on behalf of: _____

Complainant is: _____ Student: _____

_____ Student's parent(s): _____

_____ Other: _____

Address: _____
Street City State Zip

Telephone: _____

1. Describe the alleged violation of Section 504 in specific terms. Include: 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communication that has already occurred with respect to the incident. Please specify the type of communication, dates of communication, and names of individuals involved (attach additional pages if needed).

3. Please describe how you propose to resolve this issue (attach additional pages if needed).

Please return this form to your school's principal.