# Series 5000: Students, Curriculum, and Academic Matters

## 5600 Student Support Services

### 5603-F-13 Section 504 Complaint Form

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| **Injured Party** |
| Name: |  |
| Address: |  |
| Phone: |  | Email: |  |
| Date of Birth: |  |  Grade: |  |
| School Building Attending: |  |
|  |
| **Complainant’s Information** |
| Name: |  |
| Relationship to Student: |  |
| Address: |  |
| Phone: |  |  Email: |  |
|  |
| **Complaint Details** |
| 1. Describe the alleged violation of Section 504. Please be specific and describe the specific incident(s), as well as identify the individuals involved, dates/times/locations, etc. Attach additional pages if needed.
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| 1. Describe your proposed resolution to address the alleged problem(s)/violation(s).
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|  |  |  |
| Complainant’s Signature |  | Date |
|  |
| **Return Completed Form To** |
| 504 CoordinatorDirector of Special Education1130 Howard StreetPetoskey MI 49770231-348-2235 |
| A person who believes that he/she has been discriminated against by the District on the basis of disability may file a complaint through the District’s grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. You may file a complaint with OCR at any time. Filing a complaint with the District is not a prerequisite to filing with OCR. |