

Vail Unified School District

Student Name:**504 COMPLAINT FORM**
School:

Student ID:
DOB:

Student Name: Student ID:
School: Date of Birth: Grade:
Date:

This District expects its employees to comply with Section 504 regulations. Further, no discrimination on the basis of disability is permitted in the programs or activities that the District operates. 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 or the Coordinator of Special Education/504.

On behalf of:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

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).

Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

Please describe how you propose to resolve this issue.

Do you wish this complaint to be mediated by the District 504 Coordinator or designee?

Do you wish this complaint to be referred for due process hearing? (A due process hearing is conducted by an impartial hearing officer appointed by the District. You may be represented by legal counsel.)

**Please return this form to your school's principal
or to the district's Section 504 Coordinator.**