



## Section 504 Complaint Form

Denair Unified School District complies with Section 504 regulations and 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.

Date: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Complaint is: \_\_\_\_\_ Student: \_\_\_\_\_

\_\_\_\_\_ Student's parent(s): \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Work

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 whom and when, to address the issue.
3. Please describe how you propose to resolve this issue.

Please return this form to your school's principal, 3460 Lester Road, Denair, CA 95316.