

**Region 15**  
**SECTION 504/ADA DISCRIMINATION**  
**GRIEVANCE/COMPLAINT FORM FOR ISSUES REGARDING STUDENTS**

(This form is intended to be used if an individual has grievance/complaint under Section 504/ADA alleging discrimination on the basis of a disability, including in the identification, evaluation or educational placement of a student).

1. Name of Complainant: \_\_\_\_\_  
Date: \_\_\_\_\_

2. Contact Information for Complainant:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Tel. #)

\_\_\_\_\_  
(Cell # or Work #)

3. Name of the Student: \_\_\_\_\_

4. Address of Student (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

5. Age/Grade Level/School/ (if applicable):

\_\_\_\_\_

6. Please describe the nature of your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_