

**SCHOOL DISTRICT**

**Series 100**

Policy Title: Section 504 Student and Parental Rights

Policy No. 102.00-E(4)

Date of complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Are you filling out this form for  
yourself or someone else  
(please identify the individual  
if you are submitting on behalf  
of someone else): \_\_\_\_\_

Who or what entity do you  
believe discriminated against  
you (or someone else)? \_\_\_\_\_

Date and place of alleged  
incident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of any witnesses  
(if any): \_\_\_\_\_

Nature of discrimination alleged (check all that apply):

Age		Race/Color
Disability		Sex
Religion/Creed		Sexual Orientation
Marital Status		Socio-economic Background
National Origin/Ethnic Background/Ancestry		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages if necessary.

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

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