

SCHOOL DISTRICT

Series 100

Policy Title: Section 504 Student and Parental Rights

Policy No. 102.00-E(5)

Name of Witness: _____

Date of interview: _____

Date of initial complaint: _____

Name of Complainant

(include whether the Complainant is a student or employee): _____

Date and place of alleged incident(s): _____

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		

Description of incident witnessed: _____

Additional information: _____

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

Signature: _____

Date: _____