

**SCHOOL DISTRICT**

**Series 100**

Policy Title: Section 504 Student and Parental Rights

Policy No. 102.00-E(6)

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

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

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

\_\_\_\_\_

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

Name of Respondent (include whether the Respondent is a student or employee):

\_\_\_\_\_

Nature of discrimination alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Race/Color
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	

Summary of Investigation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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