



**Shawnee Mission School District
Section 504 Complaint/Grievance Form**

Date _____ School _____

Name _____ Phone _____

Address _____

Person(s) who discriminated against you/student (Please include the individual's title):

Please provide a brief description of what happened, when it happened, and who was involved. (Please attach additional pages, if necessary).

Explain what steps, if any, you have already taken to resolve this matter:

Describe how you would like to see this matter resolved:

Parent/Guardian/Authorized Representative

Signature Date