SHORELINE
PUBLIC SCHOOLS

Section 504 Complaint Form

Date _____ School _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____Work Phone _____

Student's Name/Relationship to You _____

Please describe your concerns and why you believe they raise an issue under Section 504. Include a description of what happened, when and where it happened, and who was involved. (Feel free to attach additional pages as necessary).

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Explain the steps you have already taken to resolve the issue.

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Describe what resolution to your concerns you would like to see happen.

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Please attach any documents or other information you think will help with the investigation of your complaint.

Parent/Guardian Signature _____ Date _____

Submit completed form to SSD Section 504 District Coordinator, 18560 1st Ave NE, Shoreline WA 98155

For Office Use Only

Date Received _____by _____Date Reviewed_____by_____