



Section 504 Complaint Form

Complainant's Last Name		Complainant's First Name	
Address			
City		State	Zip Code
Home Phone		Cell Phone	Work Phone
Student's Full Name		Student's Date of Birth	
School			
Documentation of Concerns			
This complaint concerns allegations of: ☐ Violation(s) of Section 504 policy/procedure. ☐ Disagreement with the District's decisions regarding identification, evaluation, and/or accommodations/services under Section 504. ☐ Failure to implement the Section 504 Plan. ☐ Discrimination/harassment based on disability. <i>(Complaints must be filed within six months of the last occurrence of the alleged discrimination or when knowledge of the facts was first obtained.)</i>			
Give facts about the complaint. Provide details that might be helpful to the investigator, such as names of those involved, dates, whether witnesses were present, remedies provided, etc.			
The attached documents support my complaint. <i>(List the documents, if any.)</i>			
List the name and title of all District personnel you've contacted regarding your complaint.			
Request for Resolution			
Explain what you would like to happen in order to resolve your complaint.			
I certify that the foregoing is true and correct.			
Signature		Date	
Return this form to the school principal or Jennifer Klassen, Director, Student Services, 645 Wool Creek Dr., San Jose, CA 95112			
For Office Use Only			
Received by		Date	