

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Safety

SECTION 504 COMPLAINT FORM

| | | | |
|------------------------------|-------------------|---------------------------|-----------------|
| Last Name | | First Name/MI | |
| Street Address/Apt. # | | | |
| City | | State | Zip Code |
| Home Phone | | Message/Work Phone | |
| Concerning: | | | |
| | (Name of Student) | (Name of School) | |

Please check below--This complaint concerns allegations of:

a violation of Section 504 policy/procedures.

a disagreement with the District’s Section 504 decisions to identify, evaluate, and/or to make accommodations for a student (within 15 days of receiving the decision notice)

disability-based discrimination/harassment, including failure to implement the student’s Section 504 Plan. (The complaint must be filed within 6 months of the last occurrence of the alleged discrimination.)

1. Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.

Please supply copies of any written documents that may be relevant to/supportive of your complaint. I have attached supporting documents: Yes No

2. Please state the specific relief you are seeking.

3. Have you discussed with or brought your complaint to any Pasadena Unified School District personnel? If you have, to whom did you take your complaint, and what was the result?

I certify that the foregoing is true and correct:

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

**Attach additional sheets for details if needed. Mail complaint/documents to:
Assistant Superintendent of Student Wellness and School Supports
Pasadena Unified School District
351 S. Hudson Ave. Room 206, Pasadena, CA 91109**

For assistance in completing this form, please contact the Office of Child Welfare and Attendance at (626) 396-3600 ext. 88230.

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| For office use only: | Date received: | Initial: |
|-----------------------------|-----------------------|-----------------|