Walton County School District Section 504 Complaint Form

Walton County Schools are committed to complying with Section 504 of the Rehabilitation Act of 1973 and ensuring that no discrimination on the basis of disability is permitted in the programs or activities that the System operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the Section 504 Coordinator at the student's school or to the District 504 Coordinator, Dr. Donna Major at 200 Double Springs Church Rd, Monroe, GA, 30656, office number: 770-266-4482/4483.

Date: _____ Complaint made on behalf of (student's name):_____

Student's School: _____ Grade: _____

Complainant is: ❒ Student: _____
(Name)

❑ Student's parent(s)/guardian(s): _____
(Name)

❑ Other: _____
(Name)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

1. Describe the alleged violation of Section 504 in specific terms. Include: 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communications that has occurred with respect to this incident. Please specify type of communication, date of communication and names of individuals involved (attach additional pages if needed).

3. Describe what you think needs to be done to solve the problem, if you know or have any idea at this time.

Would you like a meeting with the School Principal to review your concerns prior to requesting a Hearing? ❑ Yes (The school will schedule a Mediation meeting within 10 school days of receiving this Complaint Form.)

❑ No

Complainant's Signature: _____ Date: _____

For **School Office** Use only: Date Complaint Received: _____

- *Fax a copy of this form to the District 504 Coordinator within 24 hours*