



### Section 504 Grievance Form

This form can be used by an individual or agency to file a grievance on any matter related to alleged discrimination on the basis of disability by Coweta Charter Academy as an LEA, an employee of Coweta Charter Academy, and/or a representative of Coweta Charter Academy. Under Section 504, as an LEA, Coweta Charter Academy is prohibited from discriminating against students and individuals with disabilities. Under Section 504 of the Rehabilitation Act of 1973, Coweta Charter Academy cannot discriminate in the admission, treatment, or access to its programs or activities based on disability. Coweta Charter Academy cannot discriminate in the employment of its programs or activities based on disability. Under regulations of Section 504, Coweta Charter Academy must provide a free and appropriate education (FAPE), identification, evaluation, provision of appropriate services, and procedural safeguards of students with disabilities.

Complainant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

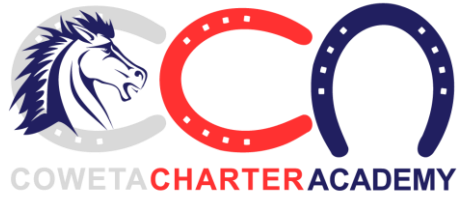
Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

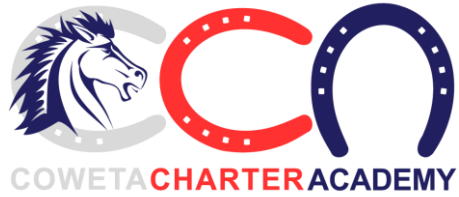
City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



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**Complaint:** Describe the facts and details of your complaint or concern regarding alleged discrimination on the basis of disability by CCA, an employee and/or representative of CCA. ( Please provide the dates of the incident(s), specific details of incident(s), persons involved, etc).



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**Proposed Resolution to Alleged Violations:** State any solution(s) or action(s) that would resolve the problem(s) to the extent known and available at this time.



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Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this request to:  
**Coweta Charter Academy**  
**Student Supports Programs**  
**6676 E GA-16**  
**Senoia, GA 30276**



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