Non-Discrimination and
Equal Opportunity Complaint Form
Half Hollow Hills Central School District

Complaints should be filed as soon as practicable, but no later than 30 calendar days from the date on which the alleged discrimination occurred or the person filing the complaint learned of the alleged discrimination. Section 504 information and related documents may be obtained by visiting the following website: https://www.hhh.k12.ny.us/teaching-learning/special-education/section-504. This complaint form may be mailed, emailed or personally delivered to the 504/ADA Coordinator.

Mrs. Allison Strand

Section 504/ADA Compliance Officer

Half Hollow Hills Central School District

525 Half Hollow Road, Dix Hills N.Y. 11746

If you have questions about the procedure for filing a complaint/report, please call the 504/ADA Compliance Officer at (631) 592-3045. If unable to make the complaint in writing, students may contact a teacher, counselor, administrator or the 504/ADA Compliance Officer to assist with putting the complaint in writing. Employees may contact their supervisor or the 504/ADA Compliance Officer.

Person Making Complaint Alleged Victim of

Discrimination

Name

Address

Phone Number

Date(s), time(s), place(s) of alleged incident(s)

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Alleged perpetrators of the discrimination or harassment (names, identifiers, etc.)

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Description of each incident, by date

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Witnesses, if any (names and identifying information)

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Other relevant information

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Desired resolution - what you would like to see change as a result of the investigation

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Name of Complainant: _____

Signature of Complainant: _____

Date: _____