



FORT SMITH PUBLIC SCHOOLS

Section 504—Complaint and/or Grievance Form

STUDENT INFORMATION

Student's Name:		Date of Birth:		Date:	
School:		Grade:			

PERSON FILING COMPLAINT AND/OR GRIEVANCE

Name:		Relationship to Student:	
Phone Number:		Email:	

This form should be completed by the person filing the complaint and/or grievance and sent to Dr. Felicia Smith, Fort Smith Public Schools District 504 Coordinator, at fsmith@fortsmithschools.org.

Nature of your complaint and/or grievance. (Please describe the practice or action you believe may be in violation of Section 504 and identify the name and title of person(s) you believe may be responsible. The alleged violation must have occurred within the past 120 days.)

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Provide a brief description of what, when, and how the incident(s) occurred. (Include specific dates, times, locations, etc. of each event. Attach any relevant documents or records, related to the grievance and how the alleged violation is discriminatory.)

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Explain what steps, if any, you have already taken to resolve this matter. (Attach any relevant correspondence related to the grievance.)

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Describe any corrective action you would like to see taken with regard to the alleged discriminatory violation.

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Signature of Person Submitting Complaint and/or Grievance

Date