



REQUEST FOR APPEAL REGARDING DISCRIMINATION COMPLAINT

A complainant who is not satisfied with the resolution of a complaint of alleged discrimination in violation of Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act, Title IX of the Education Amendments of 1972 (Title IX), or the Age Discrimination Act of 1975 (Age Act) may file an appeal as provided below.

Check Applicable Box:

<input type="checkbox"/>	Appeal to Superintendent or Designee.	Date of Coordinator's Decision:
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A complainant may appeal a Coordinator's decision regarding a discrimination complaint to the Superintendent or designee. The request must be filed within ten business days following receipt of a response from the coordinator or, if no response is received, within ten business days of the response deadline.

<input type="checkbox"/>	Appeal to Impartial Hearing Officer.	Date of Superintendent or Designee Decision:
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If the outcome of the conference with the Superintendent or designee is not to the complainant's satisfaction or if the time for a response has expired, the complainant may request an appeal to an impartial hearing officer. The request must be filed within ten business days following receipt of a response from the Superintendent or designee or, if no response is received, within ten business days of the response deadline.

COMPLAINANT INFORMATION

FULL NAME *(first, middle, last)*

PHYSICAL ADDRESS *(street, city, state, zip - do not include P.O. box or rural route)*

MAILING ADDRESS *(optional - If different from physical address - street, city, state, zip)*

EMAIL ADDRESS	PHONE #	ALTERNATE PHONE #
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JOB TITLE / GRADE	OFFICE / SCHOOL
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COMPLAINANT STATUS

Employee
 Student
 Parent
 Other *(Specify)*

COMPLAINANT SUMMARY

(Additional pages may be submitted.)

PROPOSED SOLUTION

(Additional pages may be submitted.)

COMPLAINANT STATEMENT OF ACKNOWLEDGEMENT

I certify that the information provided with this submission is true and correct to the best of my knowledge.

Complainant's Signature

Date

The completed form along with any supporting documentation should be submitted to:

Waller ISD Administration Building, Attn: Title IX Coordinator Angie Davis, 20600 Fields Store Rd., Waller, TX 77484

Phone: 936.931.3685 | Email: adavis@wallerisd.net